

# **One ME Program-level Evaluation Report:**

## **Achievements and Successes of Maine's State Incentive Grant**



*Prepared for:*  
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Office of Substance Abuse**

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In 2001, the State of Maine was awarded a federal State Incentive Grant (SIG) from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention. The nine million dollar, three-year grant was intended to increase the number of evidence-based programs and strategies implemented at the community level to reduce youth substance use. Its goals also included the coordination of substance abuse prevention funding and the development of a comprehensive statewide prevention strategy. Fifteen percent of the funding provided for a state-, local- and program-level evaluation, training and administration and project staff.

The other 85 percent of the funding was to be granted to community coalitions across the state. The Maine Office of Substance Abuse (OSA) named its SIG "One ME – Stand United for Prevention" and during the summer of 2002 issued a Request for Proposals (RFP). Twenty-nine community coalitions applied for the funding, 23 were selected, including:

- ACCESS Health Coalition
- Bucksport Bay Healthy Communities
- Building Communities for Children
- Can't Overdose on Love (COOL)
- Communities Promoting Health
- Community Coalition of Western Maine\*
- Community Voices
- Healthy Androscoggin
- Healthy Hancock\*
- Katahdin Area Partnership
- KEYS for Prevention\*
- Lake Region Healthy Community Coalition
- Knox County Coalition Against Tobacco
- One ME – One Portland Coalition\*
- One ME Downeast
- Portland Partnership for Homeless Youth
- Prevention Coalition of Greater Waterville\*
- River Coalition, Inc.\*
- River Valley Healthy Communities Coalition
- South Portland CASA
- Sebasticook Valley Healthy Communities Coalition
- Waponahki Prevention Coalition\*
- Youth Promise

Unique to Maine's SIG was the availability of funding to "super coalitions." Super coalitions represent two or more coalitions that proposed to expand their customer base and/or cover a significantly larger geographic area. This concept was introduced with the hope that resources could be maximized so that a greater proportion of funding could be put toward programming. The seven sub-recipients above with asterisks next to their names are super coalitions.

The grant subrecipients were charged with the achievement of two long-term, statewide outcomes over the course of One ME:

1. 15% reduction in tobacco use among youth, and
2. 10% reduction in binge drinking.

At the community and program levels, the subrecipients developed their own outcomes based upon local needs.

## **Purpose of the Report**

This report represents the findings of the program-level evaluation of the One ME project. It provides a look at the achievements of the 23 coalitions together as a group and those of each individual coalition. Through an examination of achievements and challenges, the report details the lessons learned through the planning, implementation and evaluation of the project.

The report includes the following sections:

- **One ME Program-level Evaluation** explains briefly the approach of the evaluation team and the various data sources which contributed to this report and its findings.
- The **Achievements** section highlights the successes of the 23 coalitions as a group.
- **One ME Coalition Successes** focuses on the program-level outcomes for each coalition and explains how those outcomes were achieved.
- **One ME and Its Contributions to the Future of Prevention in Maine** includes lessons learned throughout the project and how those lessons can inform the future of prevention.
- The **Appendix** includes detailed descriptions of environmental strategies interventions and activities for 14 coalitions.

### Overview

The One ME evaluation was conducted by a team of two firms, Hornby Zeller Associates, Inc. (HZA) of Portland, Maine and RTI International (RTI) of Research Triangle Park, North Carolina. RTI was the lead in the state and community level evaluation, with HZA as the lead program-level evaluator. HZA was responsible for 18 coalitions and RTI for five coalitions.

The evaluation included both process and outcome components. HZA's major program-level evaluation activities were to:

- Review literature on model programs to assist in the selection of the Center for Substance Abuse Prevention (CSAP) model programs for One ME;
- Develop the *One ME – Stand United for Prevention Guide to Assessing Needs and Resources and Selecting Evidence-based Programs* to provide a framework for the needs and resources assessment phase;
- Provide training and technical assistance;
- Develop pre and post participant surveys and collect, analyze and report survey results; and
- Develop process instruments and collect, analyze and report results.

Throughout the project, input into the evaluation was provided by the One ME Evaluation Workgroup. The workgroup included OSA staff, HZA and RTI evaluators, representatives from the Department of Education, Bureau of Health and Communities for Children, plus two One ME coalition coordinators. In addition to the Evaluation Workgroup, an Executive Management Team served in an advisory capacity to the evaluation.

### Data Sources

This program-level evaluation report draws upon a number of sources.

#### ***Process Evaluation Tools***

- Coalition grant proposals
- KIT Solutions
- Coalition Coordinator Survey
- Cultural competence interviews
- Environmental Strategy Team Surveys
- One ME Environmental Strategy Data Collection Forms
- Fidelity Instruments

- Model Program Training Surveys
- On-site Coalition Coordinator Interviews
- Sustainability Action Plans
- Quarterly Progress Reports

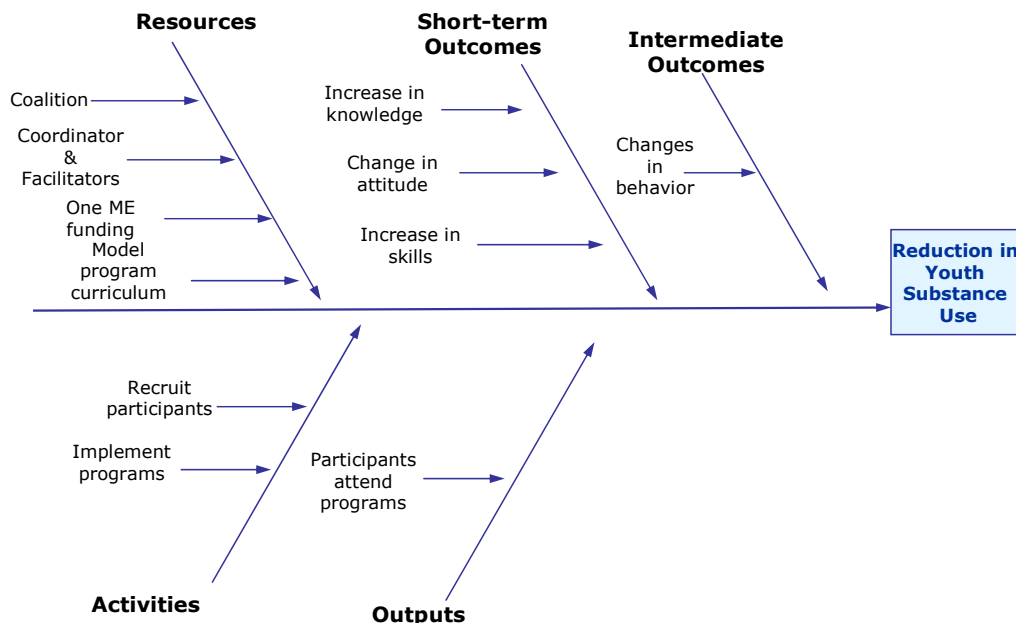
***Outcome Evaluation Instruments***

- Parent Pre and Post surveys
- Youth Pre and Post surveys

The overall, statewide goal of One ME is the reduction in substance abuse among youth ages 12 to 17. The ultimate attainment of the goal will be determined once the 2006 Maine Youth Drug and Alcohol Use Survey (MYDAUS) data are released and analyzed. To reach the One ME goal, the State funded 23 local coalitions to implement evidence-based programs. It is the combination of these local efforts and prevention planning at the State level that will result in reduced use of substances among Maine's youth.

Below is a basic program-level logic model for One ME.

### Program Level Logic Model



There were many approaches to making the model operational. The coalitions varied in how they developed and utilized community resources, how they recruited and implemented model programs and how long both processes took. Thirteen of the 23 coalitions have evidence from the One ME evaluation as to the effectiveness of the model programs they delivered in meeting short and intermediate outcomes. To illustrate the diversity of One ME, one needs only to look at the number of different model programs implemented by the coalitions. The table on the following page lists those programs.

## Model Programs

Coalitions were required to spend at least half of their funds on CSAP-designated model programs. As a result, 21 different model programs were implemented at least once during One ME, 19 of which are curriculum-based (i.e., not environmental strategies). The two environmental strategies models, Community Trials Intervention to Reduce High-risk Drinking (CTI) and Communities Mobilizing for Change on Alcohol (CMCA), will be discussed separately in the next section of the report.

Nearly 5500 youth and parents participated in the model programs. The table below shows the number served by coalition and program.

Programs Implemented by One ME Coalitions	
1.	Across Ages
2.	All Stars
3.	Brief Strategic Family Therapy
4.	Class Action
5.	Communities Mobilizing for Change on Alcohol
6.	Community Trials Intervention
7.	Creating Lasting Family Connections
8.	Families That Care - Guiding Good Choices
9.	Leadership and Resiliency Program
10.	LifeSkills Training
11.	Lions Quest
12.	Olweus Bullying Prevention Program
13.	Parenting Wisely
14.	Positive Action
15.	Project Alert
16.	Project SUCCESS
17.	Project Towards No Drug Abuse
18.	Reconnecting Youth
19.	Second Step
20.	STARS for Families
21.	Too Good for Drugs

Number of Participants Served by One ME through December 31, 2005 <sup>1</sup>			
Coalition	Program	Number Served as Shown in KIT Solutions	Explanation if None Served
ACCESS Health Coalition	All Stars	303	
	Parenting Wisely	174	
Bucksport Bay Healthy Communities Coalition	Leadership and Resiliency Program	79	
Building Communities for Children	Reconnecting Youth	60	
Communities Promoting Health	All Stars	11	
	Leadership and Resiliency Program	45	
Community Coalition of Western Maine	LifeSkills Training	669	
	Project ALERT	41	
	Project SUCCESS	116	
	Project Toward No Drug Abuse	109	
	STARS for Families	76	

<sup>1</sup> Source: KIT Solutions Participant by Program Reports. Does not include any people served by the model environmental strategies.



Number of Participants Served by One ME through December 31, 2005 <sup>1</sup>			
Coalition	Program	Number Served as Shown in KIT Solutions	Explanation if None Served
Community Voices	Parenting Wisely	11	
	Positive Action	0	Program not implemented; unable to secure buy-in from key stakeholders
COOL	Class Action	590	
	Guiding Good Choices	3	
	Parenting Wisely	13	
Healthy Androscoggin	Guiding Good Choices	6	
	Parenting Wisely	0	Program implemented; participants not entered into KIT
	STARS for Families	0	Program implemented; participants not entered into KIT
Healthy Hancock	Creating Lasting Family Connections	39	
	Second Step	175	
Katahdin Area Partnership	Guiding Good Choices	0	Program not implemented
	STARS for Families	32	
KEYS for Prevention	Leadership and Resiliency Program	37	
	Parenting Wisely	0	Program not implemented; difficulty recruiting participants
	Positive Action	0	Program not implemented
Knox County Coalition Against Tobacco	All Stars	191	
	Guiding Good Choices	59	
	Olweus Bullying Prevention	133	
Lake Region Healthy Communities Coalition	Across Ages	30	
	Creating Lasting Family Connections	0	Program not implemented; deemed too intensive for coalition resources
	Guiding Good Choices	0	3 parents served; not entered into KIT

Number of Participants Served by One ME through December 31, 2005 <sup>1</sup>			
Coalition	Program	Number Served as Shown in KIT Solutions	Explanation if None Served
	Positive Action	0	Program not implemented; deemed too intensive for coalition resources
One ME Downeast	Class Action	0	Program not implemented; more time needed to secure buy-in from key stakeholders
	Project Northland	0	Program not implemented; more time needed to secure buy-in from key stakeholders
One ME One Portland	All Stars	72	
	Families and Schools Together	0	Program not implemented; deemed not appropriate for intended population
	Guiding Good Choices	64	
	Leadership and Resiliency Program	60	
Portland Partnership for Homeless Youth	Brief Strategic Family Therapy	16	
Prevention Coalition of Greater Waterville	Lions Quest	104	
	Olweus Bullying Prevention	1595	
	Parenting Wisely	72	
	SMART Team	0	Program not implemented
River Coalition	Class Action	0	Program not implemented; more time needed to secure buy-in from key stakeholders
	Guiding Good Choices	36	
	Reconnecting Youth	0	Program not implemented
River Valley Healthy Communities Coalition	All Stars	54	
	Guiding Good Choices	21	
Sebasticook Valley Healthy Communities Coalition	Across Ages	71	
South Portland CASA	Guiding Good Choices	20	

Number of Participants Served by One ME through December 31, 2005 <sup>1</sup>			
Coalition	Program	Number Served as Shown in KIT Solutions	Explanation if None Served
	LifeSkills Training	0	More than 300 participants served at two middle schools; not entered into KIT
	Parenting Wisely	0	16 parents served; not entered into KIT
	Reconnecting Youth	10	
Waponahki Prevention Coalition	Creating Lasting Family Connections	30	
	LifeSkills Training	74	
	Parenting Wisely	7	
	Positive Action	19	
	STARS for Families	40	
Youth Promise	Positive Action	96	
	Responding in Peaceful and Positive Ways	0	Program not implemented; deemed not appropriate for intended population
	SMART Team	0	Program implemented with 47 students; participants not entered into KIT
	Too Good for Drugs	0	Program implemented with 245 students; participants not entered into KIT
<b>Total Participants</b>		<b>5,463</b>	

With the large number of programs implemented across the State, it is difficult to summarize the achievements of the coalitions as a whole without first looking specifically at how each coalition went about implementing each program. The individual sections in the One ME Coalition Successes chapter are intended to answer these questions:

- What is it about the communities and the coalitions that enabled some coalitions to serve large numbers of participants?
- Are there some model programs that are easier to implement than others?
- What are the barriers to implementing the programs?
- Which of the programs were effective in Maine?

Another measure of success is how many of the model programs will be sustained beyond One ME.

There are definitive plans in place for ten of the curriculum-based model programs to continue after One ME funding ends. In general, there are three scenarios allowing the programs to continue:

1. New federal and state funding was secured to continue these programs;
2. Schools have incorporated the programs into their curricula; or
3. An organization has adopted a program.

However, beyond the curriculum-based programs, it is the environmental strategies

that will be sustained to the largest extent. Fourteen of the 16 coalitions implementing Communities Mobilizing for Change on Alcohol (CMCA) or Community Trials Intervention to Reduce High-risk Drinking (CTI) will continue the work. Two coalitions are exploring the development of resources and capacity to continue the strategies.

Curriculum-based Programs to be Sustained Beyond One ME <sup>2</sup>	
Program	Number of Coalitions
All Stars	3
Class Action	2
Guiding Good Choices	3
Leadership and Resiliency Program	1
LifeSkills Training	1
Lions Quest Skills for Adolescence	1
Olweus Bullying Prevention Program	2
Positive Action	2
Project SUCCESS	1
Reconnecting Youth	2

## Environmental Strategies

Of the 16 coalitions that implemented an environmental strategy, 12 chose Communities Mobilizing for Change on Alcohol (CMCA). The remainder selected Community Trials Intervention to Reduce High-risk Drinking (CTI).

The strategies employed by the One ME coalitions can be broadly categorized as policy change, enforcement of alcohol laws and other activities to engage organizations and community members and information dissemination.

### ***Policy Change***

In the policy change area, a number of different policies

#### **Coalitions implementing CMCA:**

- Bucksport Bay Healthy Communities Coalition
- Building Communities for Children
- COOL
- Healthy Androscoggin
- Healthy Hancock
- Katahdin Area Partnership
- KEYS for Prevention
- Lake Region Healthy Communities Coalition
- One ME – One Portland
- Prevention Coalition of Greater Waterville
- Sebasticook Valley Healthy Communities Coalition
- Youth Promise

#### **Coalitions implementing CTI:**

- Community Voices
- One ME Downeast
- River Coalition
- River Valley Healthy Communities Coalition

<sup>2</sup> Source: One ME Coalition Sustainability Plans.

were successfully enacted. These are:

- Limits on smoking in public places (7 coalitions);
- Drug-free school zones and/or school use policies (5 coalitions);
- Policies to reduce the problems associated with substance abuse (2 coalitions);
- Regulations on alcohol or tobacco advertising in the community (2 coalitions);
- Drug-free workplaces and/or use policies (1 coalition); and
- Zero Tolerance alcohol policies (1 coalition).

While some coalitions had not yet enacted such policies, it is these policy areas that the majority of the coalitions were working on at the end of One ME.

Most of the coalitions used a combination of activities to accomplish their policy change efforts. The most common activities used were contacting State Representatives; working with school administrators and staff on drug-free policies; passing city or town resolutions around substance abuse; conducting community awareness forums, special events and presentations; meeting with public officials and working with local businesses.

### ***Enforcement***

The most popular interventions and activities in the area of enforcement are shown in the following table.

<b>Enforcement Interventions and Activities</b>	<b>Number of Coalitions</b>
Increased retailer support of compliance with laws on serving to minors	9
Training for law enforcement: 249 law enforcement officers educated in 20 training sessions	8
Merchant education: 200+ educational sessions about penalties for selling to underage customers conducted with 170+ merchants	7
Compliance activities	7
Efforts to reduce the number of areas where underage drinking and illegal drug use occurs: 38 law enforcement officers targeted 15+ areas	7
Enforcement of policies to reduce problems associated with substance abuse	6
Increased consistency of checking for fake IDs	6
Responsible Beverage Server training: 28 different establishments conducted 14 trainings for a total of 184 staff trained	5
Improve merchants' ability to recognize fake IDs and refuse to serve.	5
Sting operations: 10 sting operations conducted targeting 14 merchants who sell alcohol and tobacco to minors	4
Work with local police departments to increase enforcement and awareness	3

### ***Information Dissemination***

By far, the most common method of information dissemination was public presentations. All together, coalitions reached approximately 2500 people in this way. Media coverage

(i.e., television, radio and print) and letters to the editor were also popular. Information was disseminated through coalition-sponsored and coalition-hosted drug-free events, social marketing campaigns, web sites and media literacy sessions. One coalition reached 1200 homes through a door-knocking campaign and conducted over 200 one-on-one meetings with community leaders and stakeholders.

### ***Other Activities***

The other environmental activities focused on mobilizing the community to address substance use issues. One-third worked on developing collaborations with local organizations and many focused on engaging youth in their activities. Some worked on reallocating local funds for prevention and providing training and technical assistance for local providers.

Two-thirds of the coalitions plan to evaluate the effectiveness of their environmental work in the future. They plan to evaluate their efforts with 2006 MYDAUS results and through tracking policy changes and surveys of community members. Many of the coalitions indicate that they have seen a positive impact in their communities. Examples of these are:

- Positive feedback from community members;
- Increased enforcement activities;
- A reduction in binge drinking and tobacco use;
- Increased community awareness;
- Improved collaboration within the community;
- Increased community use of available resources; and
- A perception of more arrests for providing and serving alcohol to minors.

### ***Strategy Teams***

All of the coalitions had a group of individuals whose purpose was to plan for and implement CMCA or CTI. To borrow a term from CMCA, the evaluation team referred to such groups as Strategy Teams. Strategy Team Member Surveys were administered in spring 2004 and summer 2005 to help understand the composition, motivations and activities of the teams and the members' perceptions of the effectiveness of their work.

***Demographics.*** The Strategy Teams got younger over the course of One ME, that is, more members age 45 or younger became part of the Strategy Teams. In 2004, more than 60 percent of the members were over age 45. In the summer of 2005, fewer than half (45%) were in that age group. There was little change in the composition in terms of gender (just over ¼ of the members are male) and level of educational attainment (the majority have some education beyond high school).

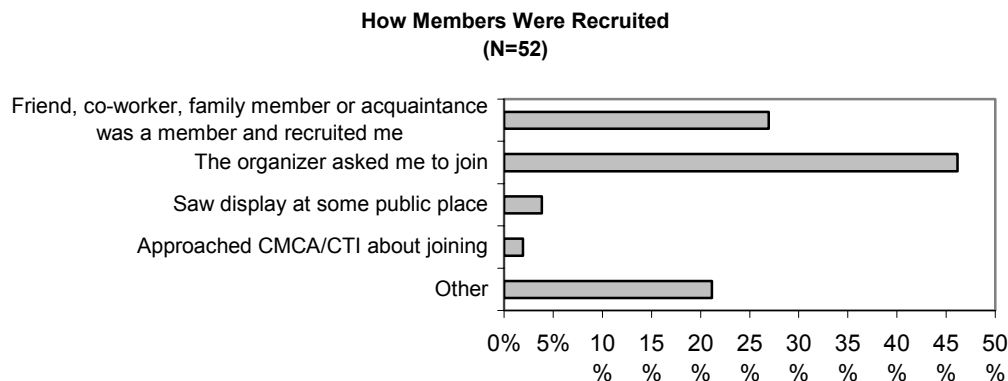
***Membership and Recruitment.*** Toward the end of One ME, more than two-thirds of the members had been involved with Strategy Teams for more than one year. This shows that coalitions were able to both retain members and recruit new members. Before joining the Strategy Teams, more than half of the members had been linked to the following community sectors: law enforcement; public officials; health or medicine; education, media, business or industry and alcohol prevention groups.

People join community initiatives for different reasons. Of those who were members in 2005, most were motivated by concern for youth, their beliefs that the environmental

strategy had potential to be effective and that alcohol is a problem in their communities, their desire to contribute and because their work in the community involves dealing with alcohol-related issues.

Reasons for Joining Strategy Teams <sup>3</sup>			
Reason that influenced members' decision	Did Not Influence Decision	Influenced Decision to Some Extent	Greatly Influenced Decision
Desire to contribute to the community	0%	26%	<b>74%</b>
Concern about youth	0%	15%	<b>85%</b>
Desire to meet new people	33%	<b>55%</b>	12%
Desire to learn new skills	18%	<b>59%</b>	22%
My work or position in the community involves dealing with alcohol-related issues	10%	18%	<b>73%</b>
Belief that this project had the potential to be effective	2%	22%	<b>76%</b>
Someone I know has been affected by alcohol-related problems (myself or others)	21%	30%	<b>49%</b>
Belief that alcohol is a problem in this community	0%	25%	<b>75%</b>

Nearly half of all the members of Strategy Teams in 2005 were recruited by the CMCA or CTI organizer. In many cases, this person is also the One ME coalition coordinator. The second most frequent method of recruitment was other members.

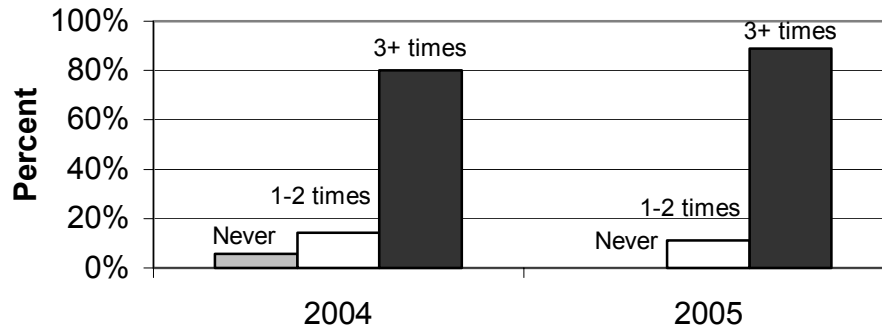


**Member Activities.** Over the course of One ME, strategy team members became more actively involved in CMCA and CTI activities. There was an increase in the proportion of members who discussed the environmental activities with other community members and an increase in the proportion of team members who engaged in the recruitment of

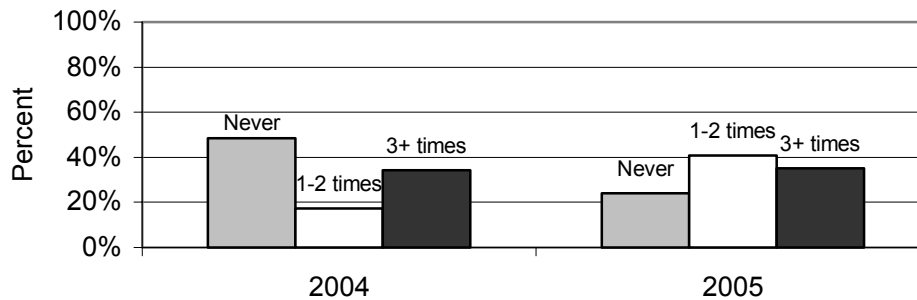
<sup>3</sup> Source: 2005 Strategy Team Member Survey (n=54).

new members. Team members became more active in conducting formal interviews (from 46% in 2004 to 70% in 2005) and participating in CMCA and CTI presentations (from 54% in 2004 to 64% in 2005). In 2005, two-thirds of the strategy team members were working on CMCA and CTI activities for ten or fewer hours each month. Of the remaining third, approximately half spent 11 to 30 hours and half averaged more than 30 hours per month on these activities.

**Talked Informally to a Community Member about  
CMCA/CTI or Youth Access to Alcohol**



**Frequency with which Team Members  
Tried to Recruit New Members**



**Organizational Effectiveness and Sustainability.** Over time, members' confidence in their strategy teams increased. The table below shows that the teams had more optimism as to their potential impact on their communities and in the teams' abilities to accomplish their goals.

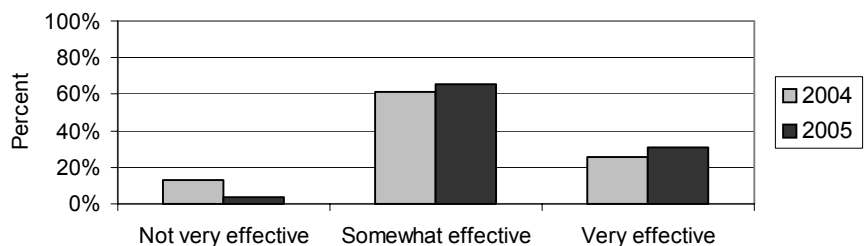


	2004		2005	
	No Extent	To Some or a Great Extent	No Extent	To Some or a Great Extent
This team has confidence in itself	3%	97%	0%	100%
This team feels it can solve any problem it encounters	9%	91%	2%	98%
This team believes it can be very productive	3%	97%	2%	98%
This team can get a lot done when it works hard	6%	94%	0%	100%
No task is too tough for this team	9%	91%	6%	94%
This team expects to have a lot of influence within the community	6%	94%	2%	98%

Also, over time, there was a slight increase in the proportion of members who feel that their strategy team is effective in changing or enacting policies around alcohol.

The largest barriers in the implementation of environmental strategies did not change from 2004 to 2005, they are:

**Strategy Team Effectiveness at Changing or Enacting Policy**



- Limited resources (e.g., funding and the amount of time team members could contribute);
- The communities not considering underage drinking to be a problem; and
- Community resistance to new restrictions around alcohol.<sup>4</sup>

Despite the barriers, the majority of strategy team members believe that CMCA and CTI will continue past One ME (93% in 2004 and 98% in 2005). This finding is consistent with the sustainability plans, which indicate that 14 of the coalitions will definitely continue the environmental work and the remaining two coalitions may continue.

## Capacity Building

**Data Resources.** All of the model programs selected for implementation, including the environmental strategies, were the outcome of an assessment process that OSA built in to the beginning of One ME. In the first six months of the project, each of the coalitions were tasked with conducting an assessment of local needs and resources, for the

<sup>4</sup> These three barriers were selected from a list of 13 potential barriers.

purpose of selecting model programs based on data. For many One ME coalitions this was the first time they conducted a comprehensive assessment. Coalitions used the assessments not only to select programs, but also to reassess community needs throughout One ME.<sup>5</sup>

Another requirement of One ME was that schools in the coalition service areas participate in the Maine Youth Drug and Alcohol Use Survey (MYDAUS). The assessment results and the MYDAUS data made more data available to coalitions to inform their efforts, policies and programming. Just as important is that many coalitions used these data resources to secure additional funding (e.g., Drug-free Communities grants).

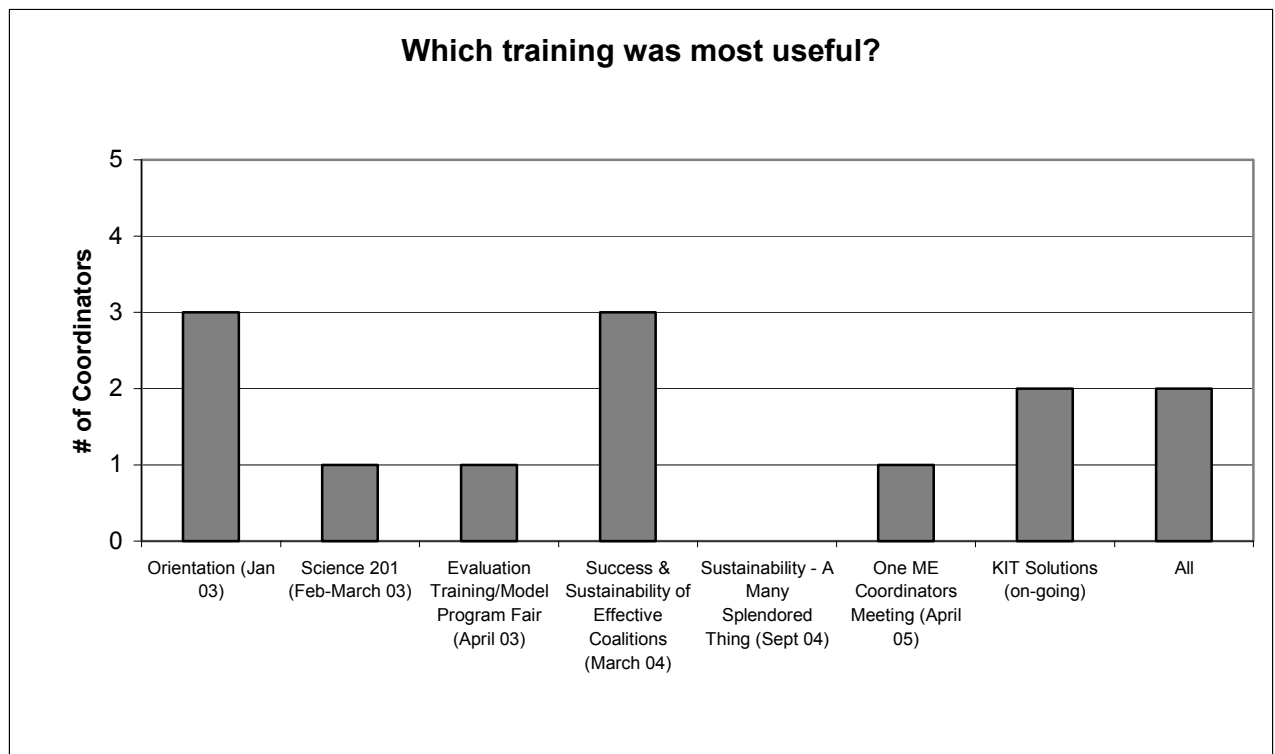
***Prevention Training.*** OSA held six required trainings throughout the One ME project:

- Orientation (January 2003);
- Evaluation Training and Model Program Fair (April 2003);
- Success and Sustainability of Effective Coalitions (March 2004);
- Sustainability – A Many Splendored Thing (September 2004);
- One ME Coordinators Meeting (April 2005); and
- KIT Solutions Training (multiple trainings).

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<sup>5</sup> Source: One ME Coalition Coordinator Feedback Form, April 2005.

The chart below shows which trainings were most useful to the work of the coalitions. The fairly even distribution across topics shows that almost all of the trainings were useful, with the exception of one sustainability training.



In the first year following the needs and resources assessment phase of One ME, 18 of the 23 coalitions participated in trainings on evidence-based practices provided by the model program developers (see list at right). Approximately 150 individuals across the state attended these trainings. Overall, the various trainings increased the perceived effectiveness of the model programs.<sup>6</sup> In this way, these trainings were another vehicle to “sell” the implementation of evidence-based prevention programs.

#### **Model Program Training**

Across Ages  
 All Stars  
 Class Action  
 Communities Mobilizing for Change on Alcohol  
 Creating Lasting Family Connections  
 Families that Care – Guiding Good Choices  
 Leadership and Resiliency Program  
 LifeSkills Training  
 Lions Quest  
 Olweus Bullying Prevention Program  
 Parenting Wisely  
 Positive Action  
 Reconnecting Youth  
 Second Step  
 STARS for Families

#### **Contributions to Statewide**

**Capacity.** The One ME coalitions together as a group made many contributions to the development of capacity across the State. The coalitions acted as a vehicle for information dissemination to local communities. One example of this is the Maine Parents Kit. One ME coalitions became the largest distributor of the Kits.

<sup>6</sup> Source: One ME Model Training Surveys.

One ME coordinators requested technical assistance in working with the media to effectively disseminate prevention messages into their communities. Through the work of the Maine Inhalant Abuse Prevention Task Force, formed by the Maine Office of Substance Abuse in partnership with the New England Inhalant Abuse Prevention Coalition, ready-made media kits were provided to each of the One ME coordinators. Not only was this a way to build coalition capacity, but it served to build state and community capacity as well.

One ME coalitions were required to utilize the Performance Based Prevention System, or KIT Solutions for reporting on their activities. Coordinators and other users for One ME essentially functioned as pilot sites for KIT Solutions. Their troubleshooting of the system and constant communication and feedback were instrumental in the fixes and customizations to the system. It is this work that paved the way for the adoption of the KIT Solutions system as the prevention database that will be used by the Healthy Maine Partnerships, an organization of Maine's Centers for Disease Control and Prevention.

The Maine Association of Prevention Programs' Alcohol Policy Workgroup was formed in the summer of 2003. This group of individuals came together following a presentation by the Center on Alcohol Marketing and Youth (CAMY) to respond to issues raised at this presentation and issues identified by the National Academy of Sciences Report, "Reducing Underage Drinking: A Collective Responsibility." The workgroup identified such issues as enforcement, limiting access to alcohol and advertising and alcohol promotion as priorities. The goal of the group is to reduce underage drinking across the state through community mobilization. Several of the workgroup members are One ME coordinators.

## **Cultural Competence**

A Substance Abuse and Mental Health Services Administration resource on cultural competence in the implementation of the Strategic Prevention Framework entitled "Cultural Competence in Prevention Practice at State, Community and Program Levels," identifies six categories of diverse populations:

- Culture
- Race/Ethnicity
- Language
- Gender
- Disability
- Sexual Orientation

One of the key ways that the Office of Substance Abuse recognized the importance of cultural competence, particularly around culture and race, was to set aside a minimum of one grant award for Native Americans.<sup>7</sup> Native Americans comprise 0.6 percent of Maine's population according to the 2000 Census, the third largest racial group in the

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<sup>7</sup> Source: Request for Proposals OSA RFP G 402014 Primary Prevention Services, One ME - Stand United for Prevention, State of Maine, Department of Behavioral and Developmental Services, Office of Substance Abuse.

State.<sup>8</sup> The set-aside for this population was important since historically, the State and Native American communities have had difficulties with funding relationships. One ME is the first time that Maine's five tribes have come together to apply for the same grant. These tribes include:

- Passamaquoddy Tribe at Indian Township;
- Passamaquoddy Tribe at Pleasant Point;
- Penobscot Indian Nation at Indian Island;
- the Houlton Band of Maliseet Indians; and
- the Micmac Nation in Presque Isle.

These tribes implemented five different CSAP model programs: Creating Lasting Family Connections; LifeSkills Training; Parenting Wisely; Positive Action; and STARS for Families. In total, 170 youth and parents were served by the Waponahki Prevention Coalition.

In addition to the five tribes, a second grant applicant served a rather unique population. Portland Partnership for Homeless Youth successfully applied for One ME funds to serve homeless youth and those at risk for homelessness. While this is not necessarily an identified group among SAMHSA's list, one can argue that this population has some different issues than the other One ME coalitions. And finally, the One ME – One Portland Coalition implemented two programs, All Stars and Leadership and Resiliency, in neighborhoods largely comprised of refugee youth.

The lessons learned through serving these three unique populations are described in a later chapter, One ME and Its Contribution to the Future of Prevention in Maine.

Overall, One ME served a more racially diverse population than one might expect given the demographics of Maine's population. Less than one percent of Maine's population is American Indian, yet nearly three percent of the One ME participants are among that group. Similarly, 1.6 percent of the One ME program participants are black compared with Maine's population which is 0.5 percent black or African American. The following table shows the racial proportions for the State of Maine and the breakdown of those people who were One ME program participants.

Race	Maine Population <sup>9</sup>	Participants Served by One ME <sup>10</sup>
White	96.9%	93.1%
Black or African American	0.5%	1.6%
American Indian and Alaska Native	0.6%	2.7%
Asian	0.7%	0.9%
Multiracial	1.0%	0.8%
Other	0.2%	0.9%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%

<sup>8</sup> White persons make up 96.9% of Maine's population and Asian persons are 0.7% of the population.

<sup>9</sup> Source: 2000 Census.

<sup>10</sup> Source: Data export of the Client Table from KIT Solutions.

The Office of Substance Abuse funded 23 coalitions and tasked them with the implementation of Center for Substance Abuse Prevention model programs. All of the 23 One ME coalitions succeeded in implementing at least one model program. The One ME coalitions are very different in terms of geographic area covered, prevention experience and community climate among other factors. For this reason, the following sections of the report highlight the achievements of each individual coalition. The next chapter includes lessons learned, drawing upon some commonalities across One ME coalitions' experiences.

***A Note about the Coalition-specific Information:*** Much of the information in the remainder of this chapter was collected during site visits conducted between June and October 2005. That information is supplemented by fidelity charts, quarterly reports, evaluation results from pre and post surveys and environmental strategies data collection forms. The numbers of participants cited are from Participant by Program Reports from KIT Solutions covering the period of July 1, 2003 to December 31, 2005.

Where pre and post survey results are discussed an asterisk (\*) indicates that a finding is statistically significant. This means that there is a 90 percent probability that the finding is not due to chance. A full description of One ME Youth and Parent Survey results can be found in a companion document titled, *One ME Program-level Evaluation Report Companion Document: Outcome Reports for One ME Model Programs*.

## **ACCESS Health Coalition**

### ***Coalition Description***

Mid Coast Hospital's ACCESS Health Coalition serves three school districts, Brunswick, Bath and MSAD 75 and provides community-based alcohol and tobacco prevention services to the towns of Bath, Woolwich, Arrowsic, Georgetown, Phippsburg Topsham, Bowdoin, Bowdoinham and Harpswell. The towns are located in Sagadahoc County, with the exception of Brunswick and Harpswell which are part of Cumberland County.

The coalition leadership was stable for the first two years of One ME but the coalition has since had three coordinators.

### ***Model Programs Selected***

- All Stars
- Parenting Wisely

### ***Community Impact on Implementation***

**Resources.** ACCESS Health's fiscal agent, Mid Coast Hospital, provides the coalition with access to community resources because of its relationships and reputation in community. The hospital is seen as a resource for the community and it has positive relationships with local media. The coalition's work in tobacco prior to One ME set the stage for One ME's focus on alcohol as well as tobacco.

For many years before One ME, there was a popular parenting program in the community called Don't Toss Your Teen. ACCESS Health utilized this existing resource as a vehicle for the Parenting Wisely program. Parenting Wisely was incorporated into Don't Toss Your Teen. While many One ME coalitions that selected Parenting Wisely struggled with how to implement it, ACCESS Health had a resource to facilitate its implementation.

**Constraints.** The coalition noted three main challenges for One ME, the denial of substance abuse issues in Brunswick, turnover in Bath schools and the mandates placed on all schools. The issues in Brunswick required ACCESS Health to focus on relationship building in that town throughout the One ME project because it had been difficult to get people to come together to work on substance abuse issues. In fact, relationship building was the key to overcoming the issues in the schools as well.

### ***Approach to Implementation***

ACCESS Health's coalition members served as liaisons for the implementation of the selected model programs initially. They were instrumental in connecting the coalition coordinator with key community members. After the initial connection, it was the coordinator who took on the planning and logistics of program implementation. In the beginning, the coordinator took on the role of program facilitator. Once the programs were up and running, other facilitators took over that responsibility. This was instrumental to the continuation of programming without interruption when coordinator turnover occurred.

ACCESS Health first implemented All Stars in November 2003, just five months after program selection. It was implemented as an after school program. Participants were recruited in multiple ways: through Riverview's AIM program; through the Art Works program in Bath; Bath school counselors recruited participants; and, after the first year, participants recruited other students to join the program.

As mentioned previously, Parenting Wisely was incorporated into an existing parenting program, Don't Toss Your Teen. The facilitator was paid to implement Parenting Wisely. The program was held in a school setting because in ACCESS Health Coalition's service area, parents routinely go to the schools to attend activities and functions. Participants were recruited for Parenting Wisely through the newspaper, flyers, mass e-mailings, school newsletters and via word of mouth. At one point, the coalition ran a "publicity blitz," with corporate and community sponsors behind the effort.

### ***Model Program Results***

#### **ALL STARS**

All Stars showed positive results. Following participation in All Stars, improvements were seen in these risk and protective factors:

- Self-esteem;
- Rewards for anti-social behavior;
- Attitudes favorable toward drug use;
- Friends' substance use;
- Interaction with anti-social peers;
- Sensation seeking;
- School opportunities for pro-social involvement;
- Parental attitudes favorable toward anti-social behavior;
- Community rewards for involvement; and
- Laws and norms favorable toward drugs.

***Fidelity.*** So, the question at hand is, "How did ACCESS Health implement the All Stars program in a way that produced positive results?" Overall, few adaptations were made to All Stars. The adaptations fall into two categories: enhancements and modifications.

1. ***Enhancements*** – ACCESS Health delivered the program in an after school setting. Due to the "academic nature" of the program as designed, the curriculum was enhanced through the use of art supplies. It is thought that this increased the interest of participants.
2. ***Modifications*** – Two types of modifications were made by ACCESS Health. The first is due to time constraints created either by school scheduling or weather. The second type of modification was made to generate more interest in the program. These were modifications to program content and setting.



The following chart summarizes the implementation of All Stars at Bath Recreation and Riverview:

Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	Consolidated a review session with another session (Riverview)	Due to school scheduling constraints
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	Did not use the Name Game (Bath Recreation)	Due to lack of interest on the part of the participants; replaced the Name Game with an exercise involving decorating a folder and explaining the folder to the class
Order of sessions	None	
Session frequency	Program was spread out over two additional weeks (Bath Recreation)	Due to weather/school cancellations
Materials or handouts	Utilized art supplies (Bath Recreation)	To increase interest in the program
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

**Implementation challenges.** The only real challenge identified by the coalition is the difficulty of implementing a curriculum-based program in an after school setting. In an effort to make the program “less like school,” the facilitators used visual and martial arts to enhance interest in All Stars.

## PARENTING WISELY

There were no coalitions with sufficient numbers of Parenting Wisely participants and/or pre and post surveys to evaluate the program. The only real challenge to the implementation of Parenting Wisely was that there is a parenting program (non-model) in the community. To work around this, components of Parenting Wisely were incorporated into the Don’t Toss Your Teen program.

### ***Sustainability of Model Programming***

The following briefly describes the sustainability of evidence-based programming beyond One ME in ACCESS Health's service area.

***All Stars.*** After One ME funding ends, All Stars will continue to be delivered in three venues: Bath; Mt. Ararat; and the Riverview Foundation.

***Parenting Wisely.*** ACCESS Health is considering offering Parenting Wisely through schools, libraries and parenting organizations since materials have been purchased. This represents a change to the method of implementation. Rather than incorporate it into the Don't Toss Your Teen Program, the Parenting Wisely materials would be made available to community members to use on their own.

***Other.*** ACCESS Health did not implement an environmental strategy as part of the One ME project, but is scheduled to implement Communities Mobilizing for Change on Alcohol through a subsequent grant, the Essential Substance Abuse Prevention Services.

# **Bucksport Bay Healthy Communities Coalition**

## ***Coalition Description***

The towns of Bucksport, Orland, Verona Island and Prospect, with a total population of 8,217, are served by Bucksport Bay Healthy Communities (formerly known as Bucksport Community Health Advisory Committee). Bucksport, Orland and Verona Island are located in Hancock County and Prospect is situated in Waldo County. The coalition serves two school departments: Bucksport, with students from Bucksport, Verona Island, Prospect, Orrington, Orland, Castine and Penobscot and the Orland Consolidated School serving students from Orland.

The coalition has been led by the same coordinator throughout the life of the One ME grant. The coordinator sees continuity of leadership as a benefit because relationships are important to the implementation and continuation of substance abuse prevention programs. Understanding One ME from the beginning helped with problem solving and overcoming barriers. She emphasized the importance of the coalition knowing and engaging in the planning process in case of a change in coordinator. Prior to One ME, the coalition had engaged in the development of a community health plan. In this plan, substance abuse is identified as a priority, thus setting the stage for One ME.

## ***Model Programs Selected***

- Communities Mobilizing for Change on Alcohol
- Leadership and Resiliency

## **Community Impact on Implementation**

**Resources.** One of the coalition's primary resources for One ME was community readiness. As mentioned above, a large part of the readiness is attributable to a comprehensive community health planning process which had been completed before One ME came about. Among the top priorities for young adults was an increase in awareness of substance abuse issues and programs in educational settings. Adults also prioritized substance abuse issues during the community planning process. They expressed concern over high rates of addiction, domestic violence and isolation, calling for affordable and geographically accessible educational and treatment opportunities.<sup>11</sup>

The coalition's Substance Abuse Task Force served to prepare and educate the community at the start of One ME through:

- Newspaper inserts;
- Key informant interviews; and
- Presentations to community groups and stakeholders.

School commitment to implementing Leadership and Resiliency Program was a third community resource for Bucksport Bay Healthy Communities Coalition. The schools recognized the need for programming to address the prevalence of substance abuse

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<sup>11</sup> *Bucksport Health Plan Recommendations*, Bucksport Community Health Advisory Committee's One ME – Stand United for Prevention proposal, September 27, 2002.

among students. Articles in the local newspaper about rates of substance use helped compel the school to support the model program.

**Constraints.** While those involved in the community planning process were open to substance abuse prevention programming, a certain level of denial existed in the community and its institutions. This denial was expressed overtly when the coalition was working to quantify the substance abuse issues. Community members questioned the accuracy and validity of the MYDAUS data because it relies on self-reporting. The coalition overcame this challenge by clarifying how MYDAUS was developed and analyzed.

### **Approach to Implementation**

Since Leadership and Resiliency is in large part a school-based program, Bucksport Bay Healthy Communities Coalition worked closely with Bucksport High School to implement it. The coalition coordinator enlisted the help of a “champion” for the program who worked in the school department. In year one of One ME, there had been a leadership group in place at Bucksport High School. This group paved the way for the implementation of Leadership and Resiliency in year two of One ME.

### **Model Program Results**

#### **LEADERSHIP AND RESILIENCY PROGRAM**

While too few One ME Youth Surveys were returned to satisfy the numbers required for statistical significance, the Leadership and Resiliency Program surveys that were returned indicate possible positive change on the following risk and protective factors:

- Social skills;
- Low perceived risk of drug use;
- Rewards for anti-social behavior;
- Intention to use drugs;
- Interaction with anti-social peers; and
- Sensation seeking.

In addition to what the data showed, the Leadership and Resiliency Program facilitator and the Bucksport Bay Healthy Communities coordinator believe the program is effective for other reasons as well. This effectiveness is evidenced by:

- Participant comments. For example, one student stated that he or she felt “special” because he/she participated in activities that no one else had participated in.
- Participant progression through the program. The facilitator noted improvements in confidence and social skills. For some, continued involvement in the program is a success.

In total, 79 students participated in the Leadership and Resiliency Program through One ME.

**Fidelity.** The coalition made few adaptations to the program largely because its implementation was planned in consultation with the program’s developers. The

changes made in the delivery of the Leadership and Resiliency Program by Bucksport Bay Healthy Communities can be generally categorized as:

1. *Enhancements* – the duration of some sessions was extended to make time for special activities. Also, material from other programs was utilized to address special topics (e.g., anger management).
2. *Modifications due to need for additional planning* – two types of community activities were not implemented in full. The theater component of Leadership and Resiliency began but was not performed in the first year of the program. Community service involving work with an animal shelter requires more planning.

The following chart covers the implementation of Leadership and Resiliency at Bucksport High School.

Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	None	
Length of sessions	Extended duration of some sessions	To make time for special activities
Content of the sessions (e.g., session or lesson plan)	Two community components not implemented	Theater component began but was not performed. Animal shelter service component requires additional planning.
Order of sessions	None	
Session frequency	None	
Materials or handouts	Enhancement	Utilized materials from other programs to address special topics
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

### ***Environmental Strategies Activities***

One ME marked the introduction of Communities Mobilizing for Change on Alcohol to the coalition's service area. The effort involved state (i.e., Health and Human Services; Corrections; Public Safety; Education; and Courts) and local agencies (i.e., schools; other coalitions and community-based organizations; law enforcement; and merchants).

Through CMCA, the community enacted:

- Regulations around smoking on a school campus;
- A revised school Chemical Health Policy; and
- A policy on law enforcement services to Bucksport School District.

The enforcement interventions included:

- Conducting police compliance checks of all Bucksport retail businesses;
- The adoption by Bucksport Police Department of the Maine Model Law Enforcement Policy on Underage Drinking; and
- The formation of the County Drug Task Force on Underage Drinking.

The key information dissemination interventions were three social marketing campaigns and the development and publishing of 60 print advertisements.

A full description of the coalition's implementation of CMCA is provided in the appendix.

### ***Sustainability of Model Programming***

***Leadership and Resiliency Program.*** Bucksport plans to continue the implementation of Leadership and Resiliency at Bucksport High School.

***Communities Mobilizing for Change on Alcohol.*** Funding for CMCA to continue has been secured through the Essential Substance Abuse Prevention Services grant.

## **Building Communities for Children**

### ***Coalition Description***

The Building Communities for Children Coalition serves 20 Waldo County communities in three school districts. The communities include the following:

- |             |                      |
|-------------|----------------------|
| ▪ Belfast   | ▪ Morrill            |
| ▪ Belmont   | ▪ Northport          |
| ▪ Brooks    | ▪ Searsmont          |
| ▪ Frankfort | ▪ Searsport          |
| ▪ Freedom   | ▪ Stockton Springs   |
| ▪ Jackson   | ▪ Swanville, MSAD 34 |
| ▪ Knox      | ▪ Thorndike          |
| ▪ Liberty   | ▪ Troy               |
| ▪ Monroe    | ▪ Unity              |
| ▪ Montville | ▪ Waldo, MSAD 3      |

While the coalition saw three changes in coordinators throughout the One ME project, its leadership had continuity. The third coordinator had actually provided supervision and oversight to the first two coordinators. The continuity is seen as beneficial to the project as a whole, as are the different perspectives brought by the first two coordinators.

### ***Model Programs Selected***

- Communities Mobilizing for Change on Alcohol
- Reconnecting Youth

### **Community Impact on Implementation**

**Resources.** The coalition's implementation of Reconnecting Youth was facilitated by the fact that the school district had made a commitment to it prior to One ME. A suicide prevention grant had been obtained before One ME and was used to cover the initial costs of Reconnecting Youth.

One of the school districts served by Building Communities for Children had not participated in the MYDAUS since 1998. As required by One ME, the district participated in the 2003 administration of the survey. This opened up communication between the coalition and the school. Building Communities for Children met with the superintendent, which resulted in a partnership being formed between the coalition and SAD 34.

The partnership with schools was not entirely new to Building Communities for Children. The School Health Coordinator was on the coalition prior to One ME and has been a good, built-in connection with the school. The coalition coordinator himself had a prior relationship to school as well. He previously served on a school committee to re-design the student handbook and presently serves on the school's crisis response team. It is the combination of the relationship and a person "on the inside" that facilitated the acceptance of the One ME project and programs.

**Constraints.** Personnel changes among school administrators was a challenge to One ME. The coalition coordinator invested considerable time in “selling” new personnel on the value of Reconnecting Youth.

### **Approach to Implementation**

For Reconnecting Youth, the coalition did not need to draw upon coalition resources to a large extent because the program was already implemented in one school within the service area. One ME funding allowed for Reconnecting Youth to expand. Building Communities for Children covered the cost of training and materials and a suicide prevention grant paid the ongoing costs.

### **Model Program Results**

#### **RECONNECTING YOUTH**

Unlike many model programs, Reconnecting Youth is to be administered to small groups of students (8-10). These small class sizes make it challenging to have adequate pre and post survey data from which to draw conclusions about its effectiveness. For this reason, Building Communities for Children’s Reconnecting Youth data were combined with Reconnecting Youth data from South Portland CASA. The survey data show positive change over the course of the program on the following protective and risk factors:

- Increased self-esteem;
- Reward for anti-social behavior;
- Rebelliousness;
- Interaction with anti-social peers; and
- Sensation seeking.

Additionally, small improvements were seen in the previous 30-day use of smokeless tobacco and marijuana among the program participants.

Other evidence of the program’s effectiveness is that Belfast High School administrators saw the benefits of Reconnecting Youth through the students who participated in the program at BCOPE, an alternative school in Belfast. Belfast High School is considering offering Reconnecting Youth as an elective. Much of this can be credited to BCOPE’s Reconnecting Youth students who took the initiative to begin setting up a program to work with younger children in Belfast schools.

**Implementation challenges.** At BCOPE school, Reconnecting Youth is built into the curriculum with all students participating. For this reason implementation was relatively easy. In Searsport, students are chosen to participate by guidance counselors, teachers and administrators based upon academic achievement, social risk and substance use. An initial list of 40 students was developed; students were interviewed and introduced to the Reconnecting Youth program and a dozen chose to participate.

Implementation at Mount View High School proved to be the most challenging of the three high schools. The original intent was to implement Reconnecting Youth as part of the alternative program at the school. That program was de-funded and the staff who had been trained in Reconnecting Youth left the school. After a delayed startup, the



coalition found an English teacher who offered Reconnecting Youth as an elective. The initial course had six female students. The facilitator of the program felt that she could not be effective as the English teacher and Reconnecting Youth facilitator because of the relationship that the program requires between facilitator and students. By the end of the One ME project, plans were underway to work with the new school principal and the guidance department on how to better implement Reconnecting Youth.

### ***Environmental Strategies Activities***

One ME brought Communities Mobilizing for Change on Alcohol (CMCA) to Building Communities for Children's service area for the first time. The environmental strategy began with a focus on policy change, information dissemination and activities to engage individuals and community organizations in the effort. Over the course of the project, CMCA expanded to encompass enforcement strategies as well.

Following are examples of the interventions implemented as part of CMCA:

- Working to enact school use policies and policies to reduce problems associated with substance abuse;
- Surveillance of areas known for illegal drug sales and other underage drinking enforcement activities;
- Ten weekly display ads concerning the effects of substance use and two media literacy sessions; and
- Sticker Shock, Underage Drinking Enforcement and Safe Homes projects.

The appendix contains more detail on the interventions and activities of Building Communities for Children's CMCA project.

### ***Sustainability of Model Programming***

***Reconnecting Youth.*** This program will become a permanent part of the curriculum in MSADs 34 and 56. The coalition plans to continue meeting with school administrators in MSAD 3 to gain support for Reconnecting Youth.

***Communities Mobilizing for Change on Alcohol.*** The continuation of CMCA is not known at this time. The coalition coordinator believes that progress over the course of One ME on CMCA was hindered to some extent by the initial decision to implement it in such a large area (20 towns).

## Communities Promoting Health

### *Coalition Description*

The towns served by the Communities Promoting Health coalition are a mix of suburban and rural communities. The service area includes parts of York and Cumberland counties and the following school districts: SAD 6, Gorham, Scarborough, Westbrook and Windham. In total, these districts have approximately 8,222 students between the ages of 12 and 17. The total population for the service area is 87,307.

Communities Promoting Health had the benefit of consistent leadership over the life of the One ME grant. The coordinator believes that this consistency is important for the relationship-building essential to coalition work. Another benefit to consistent leadership is the knowledge of what has worked, what has not worked and why.

### *Model Programs Selected*

- All Stars
- Leadership and Resiliency Program

### **Community Impact on Implementation**

**Resources.** At four schools, implementation was facilitated by pre-existing relationships between the schools and the coalition. School administrators were receptive to One ME and model programming because of this.

Communities Promoting Health's coalition members were instrumental in startup and implementation of model programs. They effectively worked as "champions" with the schools. The members made contact with school administrators at the start of One ME and some continued to attend meetings with the administrators to maintain the connection. Their approach was to ask the superintendents, "How would you like to proceed?" These members also helped to recruit facilitators for LRP from among school personnel. The coalition coordinator says that LRP gave the coalition a purpose and strengthened relationships with superintendents.

**Constraints.** Time was a constraint for Communities Promoting Health. Having a part-time coordinator did not allow for adequate time to "sell" the All Stars program to school board members and other key stakeholders. Another difficulty associated with a part-time position was trying to implement programs in eight towns. The coordinator did not have the time or capacity to maximize the All Stars program. Still, two schools are considering working the program into the health curriculum. One school successfully achieved this by the start of the 2005-2006 school year.

### **Approach to Implementation**

The coalition chose to implement All Stars as an after school program because of the difficulty of getting anything "extra" into the school curriculum. After serving 11 students in the first year of One ME, the coalition discontinued the program.

Along with All Stars, the coalition selected the Leadership and Resiliency Program. Rather than having one Leadership and Resiliency Program facilitator for all the schools as the program is designed, Communities Promoting Health opted for an “in-school coordinator” at each location. This adaptation was initiated in part due to the need to maximize resources, as well as the desire to build participant relationships and connections with adults in their own school community, people who have regular contact with students and administrators.

Students were considered to be candidates for Leadership and Resiliency by student service teams and other school faculty and were invited to participate in a competitive application process to be part of the program. After being invited to attend a voluntary information session, interested participants were asked to complete a one-page application and go through an interview process. While this represents an adaptation to the program, the coalition coordinator and in-school facilitators felt that it was one way to encourage the young people to take initiative. By December 2005, 45 students had participated in the Leadership and Resiliency Program.

### ***Model Program Results***

#### **ALL STARS**

The coalition did not have enough pre and post surveys from participants to assess outcomes for All Stars. In terms of fidelity, the only change made to the All Stars program was that the length of the sessions were reduced to fit into the after school period allotted by the schools.

***Implementation challenges.*** Again, the coalition had difficulty working with schools to get All Stars to be part of the school curriculum. For this reason, it was implemented as an after school program.

#### **LEADERSHIP AND RESILIENCY PROGRAM**

Communities Promoting Health did not participate in the evaluation in year two for Leadership and Resiliency Program (LRP). While survey data are not available, the facilitator received positive feedback about the program from community organizations for whom the LRP students did community service projects. Two students made connections with the community organizations and received internship opportunities with them.

The coalition coordinator reports a reduction in missed school days and improved grade point averages for participants. She also saw improved conflict management skills. Another result of the program is that Leadership and Resiliency Program participants recognized the difficulty they have academically and took the initiative to set up weekly group study sessions.

***Fidelity.*** Beyond the application process for participation in Leadership and Resiliency and the establishment of in-school coordinators, there was just one other adaptation to the program. The program is intended to be delivered to high risk youth. While Communities Promoting Health did serve high risk youth, it also included students who were lower risk. This was an effort to have more diversity within the groups and a more productive environment for peer support and modeling.

**Implementation challenges.** There were some discipline problems among students while on the LRP adventure activities. To maintain trust of the schools, the program facilitators deferred to school administrators for disciplinary action and were careful to enforce any applicable school rules.

### ***Sustainability of Model Programming***

Communities Promoting Health plans to sustain one of its One ME model programs.

**All Stars.** This program was discontinued after year one; the coalition does not plan to sustain it.

**Leadership and Resiliency Program.** The coalition plans to seek alternate funding sources to keep LRP in place. There are plans to expand the program within the four schools it currently operates in and to invite a fifth high school to participate.

# Community Coalition of Western Maine

## ***Coalition Description***

The Community Coalition of Western Maine serves school districts MSAD 17 and MSAD 44 in the Oxford Hills and Bethel regions of Oxford County. The region has a population of approximately 30,000, or about 45 percent of Oxford County's total population.

Throughout One ME, the coalition had consistent leadership in its coordinator.

## ***Model Programs Selected***

- LifeSkills Training
- Project ALERT
- Project SUCCESS
- Project Toward No Drug Abuse
- STARS for Families

## ***Community Impact on Implementation***

***Resources.*** Community readiness was one of the coalition's major resources when One ME began. With high dropout rates in area schools, the community was in a place to recognize that something needed to be done. The community was open to the One ME project and other grants that came to the area.

***Constraints.*** While the community recognized that school dropout issues needed to be attended to, there still existed permissive attitudes around underage drinking. Recognizing that parents and other community members may not be ready to accept programming aimed at them, the Community Coalition of Western Maine opted to implement school-based programs rather than community-based or environmental approaches. To begin to address community readiness for other types of interventions, the coalition began to publish informational material around substance use in the local newspaper.

## ***Approach to Implementation***

Community Coalition of Western Maine's approach to implementation was to go to where the youth are and to use and build upon existing relationships with the schools in the coalition's service area. These relationships allowed the coalition coordinator access to school personnel and the ability to work within the school schedule. In this way, the coalition was able to find openings for model programming and effectively negotiate with the schools around implementation. Following are brief descriptions of how the coalition was able to implement its chosen programs:

- LifeSkills Training was delivered as part of the 7<sup>th</sup> and 8<sup>th</sup> grade curriculum, an arrangement previously negotiated by Healthy Maine Partnerships.
- The coalition coordinator worked with the freshman team of teachers to schedule Project SUCCESS during a "common block" period, a 40-minute period used for study hall or different activities.

- The coalition found a “champion” for Project Toward No Drug Abuse within one of the schools and was therefore able to build it into the health curriculum.
- The coalition built STARS for Families in as part of an existing assessment of students.

The coalition recognized the schools for implementing model programs by providing monetary incentives.

One thing that is unique to this coalition is that it chose to pilot three of its programs before moving to full implementation. Immediately following the needs and resources assessment phase of One ME, the coalition piloted Project ALERT with a summer school class. The outcome of the pilot testing was that the program was very similar to LifeSkills and would therefore not be necessary. A round of piloting was done with Project Toward No Drug Abuse and Project SUCCESS. The coalition coordinator went into study halls and asked youth for their feedback. It was the young people who decided that these two programs would be feasible and worthwhile to implement.

The coalition had few challenges in the implementation of its programs beyond the difficulty involved with the evaluation for STARS for Families.

### ***Model Program Results***

#### **LIFE SKILLS TRAINING**

Community Coalition of Western Maine implemented LifeSkills Training consistently over the course of two years as part of the 7<sup>th</sup> and 8<sup>th</sup> grade curricula. In total, nearly 700 students were served. In the first year, the program was highly successful, with improvements in the following protective and risk factors:

- Social skills;
- Belief in the moral order;
- Low perceived risk of drug use;\*
- Rewards for anti-social behavior;\*
- Attitudes favorable toward drug use;\*
- Rebelliousness;\*
- Intention to use drugs;
- Friends’ substance use;\* and
- Interaction with antisocial peers.\*

In the second year of implementation, these same individual/peer domain factors improved. Additionally, the program showed a positive impact on the belief in the moral order\* protective factor and the sensation seeking risk factor.

***Fidelity.*** The effectiveness of LifeSkills Training at Oxford Hills Middle School is due in part to the high level of fidelity with which it is implemented. The only change to the program design was in the frequency of the sessions: it was delivered every other day to fit in with the school schedule.

## PROJECT ALERT

Like LifeSkills Training, Project ALERT impacts the individual/peer domain. Improvements were seen in the following protective and risk factors:

- Social skills;
- Belief in the moral order;
- Low perceived risk of drug use;
- Attitudes favorable toward drug use;
- Rebelliousness;
- Intention to use drugs;
- Friends' substance use; and
- Interaction with antisocial peers.

The coalition piloted Project ALERT in the summer of 2003 with 41 students and determined that, although it had positive results, the program is much like LifeSkills Training. It was therefore discontinued just after the start of One ME.

## PROJECT SUCCESS

Project SUCCESS was delivered to 116 students at Oxford Hills Comprehensive High School during the 2004 – 2005 school year. It is intended to impact the individual/peer and school domains. The following protective and risk factors were effectively improved following participation in the program:

- Social skills;
- Self-esteem;
- Low perceived risk of drug use;\*
- Rewards for antisocial behavior;
- Rebelliousness;
- Friends' substance use; and
- School rewards for conventional involvement.

In addition to the survey results, the coalition received feedback about the program from its participants. The feedback was overwhelmingly positive.

***Fidelity.*** The adaptations to Project SUCCESS listed in the table below were made due to the school schedule.

Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	None	
Length of sessions	Sessions shortened	To fit in with school class schedule
Content of the sessions (e.g., session or lesson plan)	Content was changed slightly (e.g., where curriculum suggested playing “Bingo,” “Jeopardy” was used instead	To make the class more interesting
Order of sessions	None	
Session frequency	Program was delivered once per week rather than daily	School scheduling
Materials or handouts	None	
Setting	None	
Intended population	None	
Instructor/participant ratio	Ratio was 1:16 rather than 1:10 as recommended	School class sizes

Although Project SUCCESS was implemented in a school, the coalition coordinator facilitated the course. This strengthened the coalition’s relationship with Oxford Hills Comprehensive High School and helped to market other Community Coalition of Western Maine programs.

## PROJECT TOWARD NO DRUG ABUSE

Project Toward No Drug Abuse was delivered to 109 students of Telstar Regional High School in the first semester of school year 2004 – 2005. The program was effective in the improvement of social skills and self-esteem and the reduction of the following risk factors: low perceived risk of drug use; rewards for antisocial behavior; rebelliousness; friends’ substance use\*; interaction with antisocial peers; and sensation seeking.

**Fidelity.** The major changes made to Project Toward No Drug Abuse can be categorized as:

- Enhancements (lengthening sessions to allow for discussion, an additional session and extra material); and
- Deletion (one session was eliminated because the topics are covered elsewhere in the curriculum).



Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	An extra session was included	Two sessions were added to accommodate for the practice and final assessments; one session was excluded because the topics are covered elsewhere in the school curriculum
Length of sessions	Sessions were lengthened	To allow for in depth discussion
Content of the sessions (e.g., session or lesson plan)	Session on smoking and tobacco was eliminated	School curriculum includes a full unit on these subjects
Order of sessions	None	
Session frequency	Classes were held every other day	
Materials or handouts	One handout was added	To supplement a lesson
Setting	None	
Intended population	None	
Instructor/participant ratio	Ratio varied from 1:6 to 1:20	Due to class sizes

## STARS FOR FAMILIES

Evaluation results are not available for STARS for Families. The program has three components: a 20-minute health consultation with the young person; a set of *Key Facts* postcards mailed to parents following the consultation; and four weekly take-home activities. In this way, the program is not like other model programs that consist of a series of classroom lessons. STARS for Families uses a brief set of strategies instead. Because of the low barrier nature of the intervention and the way in which it is delivered, Maine was not able to evaluate the program's impact on youth or parents. Seventy-six young people participated in the program.

**Fidelity.** The only change to the STARS for Families program was to mail two postcard lessons out together. This was an effort to save time and money on postage.

### ***Sustainability of Model Programming***

There are plans in place to continue, at least in part, four of the five model programs implemented by the Community Coalition of Western Maine. The sustainability efforts are being led by the One ME Coordinator, school personnel and coalition members.

***LifeSkills Training.*** The One ME Coordinator, Oxford Hills Middle School health teacher and a coalition member worked together to continue LifeSkills. The school will pick up the funding for the half-time teacher that was originally funded by One ME.

***Project ALERT.*** There are no plans to implement this program in the future as it is thought to be similar to LifeSkills Training.

***Project SUCCESS.*** Funding has been obtained by the coalition for the coalition coordinator to continue to deliver Project SUCCESS at Oxford Hills Comprehensive High School.

***Project Toward No Drug Abuse.*** The Community Coalition of Western Maine is working with Telstar High School administrators and health teachers to incorporate Project Toward No Drug Abuse into the school's health curriculum.

***STARS for Families.*** The coalition, after conducting a cost-benefit analysis, will not continue to implement STARS for Families. However, the school nurse at Oxford Hills Middle School will continue to incorporate some of the program's assessment into her health assessment.

## **Community Voices**

### ***Coalition Description***

Community Voices serves communities within MSAD 27 which include the following communities and unorganized territories: St. Francis, St. John, Fort Kent, Wallagrass, New Canada, Eagle Lake, Winterville, Allagash, T15RS, T17R4 and T17R5.

The coalition had one change in leadership early on in the One ME project. The first coordinator was in charge of the needs and resources assessment. In hindsight, the coordinator who led the rest of the One ME efforts felt that it would have been better to have the long-term coordinator collect the data for the assessment. This may have resulted in different model programs being selected and the coalition's involvement would have been different as well.

### ***Model Programs Selected***

- Community Trials Intervention to Reduce High-risk Drinking
- Parenting Wisely
- Positive Action (not implemented)

### **Community Impact on Implementation**

**Resources.** The greatest resource that Community Voices has is its active coalition membership made up of both youth and adults. It is this group that was largely responsible for the implementation of Community Trials Intervention to Reduce High-risk Drinking.

**Constraints.** The one barrier to the implementation of model programs is that it was difficult to tap into the coalition membership for assistance in implementation of Parenting Wisely and Positive Action. While Adult Education at MSAD #27 was supportive of Parenting Wisely, no champion was found for Positive Action.

### ***Model Program Results***

#### **PARENTING WISELY**

Community Voices served 11 people through the Parenting Wisely program therefore, there were not enough surveys to evaluate its effectiveness.

To make use of the program material, the coalition coordinator created a manual for school personnel outlining how to implement the program. The goal was to make the program a resource for school staff to use with parents who express difficulty with their children. The manual and Parenting Wisely kit were provided to the Guidance department and the school principal, but very few staff utilized it.

Toward the end of One ME, the coordinator was working with MSAD #27's Adult Education program to incorporate Parenting Wisely into its mandatory curriculum.

**Fidelity.** Community Voices did not make any adaptations to the program.

**Implementation challenges.** The coalition coordinator feels that people are “hungry” for information on parenting, but do not want to admit they need help with it. This is thought to be compounded by the title of program. People feel it is insulting in that it indicates that what parents are doing now is not “wise.” These sentiments were expressed by multiple One ME coordinators.

The program did not work well as a stand alone course through Adult Education. Community Voices tried offering incentives but this did not seem to attract more participants. In addition, the coalition initially had difficulty with the Parenting Wisely software. This was due to the need for computers with enough memory for the software.

### **POSITIVE ACTION**

Positive Action was purchased by Community Voices but never implemented.

**Implementation challenges.** The coalition had the support of the school superintendent to implement the program in four schools, but the Guidance department proved to be an obstacle. The coordinator did a presentation about Positive Action; while the Guidance staff thought it was an interesting program, they did not think there was room for it in the curriculum. One reason for this is that it was seen as being competitive with LifeSkills, implemented as part of Healthy Maine Partnerships. In hindsight, the coalition coordinator would have involved Guidance and other school personnel in the program selection phase. He expected a health teacher to pick up the program and deliver it, but there were personnel changes that impacted this. Overall, it is thought that the commitment on behalf of school necessary for Positive Action was too large.

### **Environmental Strategies Activities**

Community Voices’ major focus in One ME was Community Trials Intervention to Reduce High-risk Drinking. In terms of policy change, the coalition worked to enact:

- Regulations on alcohol and/or tobacco advertising in the community;
- School substance use policies; and
- Policies to reduce the problems associated with substance abuse.

On the enforcement side of Community Trials Intervention to Reduce High-risk Drinking, four sting operations were conducted targeting merchants known to sell alcohol to minors. In addition, one sobriety checkpoint was established.

Community Voices successfully instituted a new school policy. This policy prohibits the advertising of alcohol-related products on clothes worn in school.

The coalition created three public service announcements, all of which were aired multiple times. One of the major activities by the coalition was the establishment of a Substance Free Teen Center in conjunction with the American Legion. This provided an alternative activity for teens on weekend nights. Community Voices continues its community Bulletin Board and Sticker Shock campaign as well.

Members of Community Voices were part of the passage of a bill, LD1085, which requires the posting of a sign in all retail stores that sell alcohol. The sign outlines the penalties for furnishing alcohol to minors.

***Sustainability of Model Programming***

***Community Trials Intervention to Reduce High-risk Drinking.*** Community Voices' implementation of environmental strategies will continue through the Essential Substance Abuse Prevention Services grant from OSA.

***Parenting Wisely.*** Parenting Wisely will be sustained through Adult Education at MSAD #27. It will be part of a curriculum used annually at a one-day conference.

***Positive Action.*** There are no plans to implement Positive Action.

## **COOL (Can't Overdose on Love)**

### ***Coalition Description***

The Can't Overdose on Love (C.O.O.L) coalition continues to work within MSAD 60, which encompasses the three rural towns of Berwick, North Berwick and Lebanon.

The coalition had steady leadership throughout One ME. The coordinator sees the consistency of her leadership as beneficial, particularly because of her relationship with MSAD 60. Her prior work within the school system provided credibility with school personnel and access to administrators.

### ***Model Programs Selected***

- Class Action
- Communities Mobilizing for Change on Alcohol
- Guiding Good Choices
- Parenting Wisely

### **Community Impact on Implementation**

**Resources.** One ME came at a time when the community had just experienced drug-related deaths. Because of these events, the community was open to substance abuse prevention programming.

The coalition coordinator's relationship with the schools provided a natural setting for One ME. It also allowed the coordinator to obtain buy-in to model programs relatively quickly.

**Constraints.** COOL's major challenges at the start of One ME were the lack of community resources and community norms around underage drinking. While One ME funding addressed the lack of resources for prevention programming, it would take the coalition time to address the community norms. Adults in the community were hosting parties where underage drinking was occurring and parents were not willing to inform police about underage drinking. For this reason, the coalition selected two evidence-based parenting programs and an environmental strategy.

### **Approach to Implementation**

Class Action was piloted in one of the 9<sup>th</sup> grade "teams" in the high school. It was done "by the book" and the feeling of facilitators was that it did not go well. In the second year, the program was implemented as part of the 9<sup>th</sup> grade curriculum as a graded course and was done as the final project. The program was integrated into the social studies, English, science and math curriculums. Briefly, social impact was examined in social studies; students wrote interview questions and talking points for Class Action in English class; the science course looked at the impact of alcohol on the human body; and the math portion looked at the statistical impact of substance abuse issues. In total, 590 students participated in Class Action.

As with many One ME coalitions, parenting programs proved challenging for COOL. Together, COOL had 16 participants in Guiding Good Choices and Parenting Wisely. Guiding Good Choices was implemented one time and discontinued. Parenting Wisely was similar in that it was difficult to get parents to sign up and attend. The program was delivered through Adult Education since, in this particular community, Adult Education is where people go for information and resources. In place of these particular parenting programs, COOL plans to host a four session/four week event for parents. The event will cover youth substance use, liabilities of hosting parties for teens, reducing the risk of high-risk behavior and an “all about teens” session with a panel of young people.

### ***Model Program Results***

#### **CLASS ACTION**

Overall, Class Action did not show positive results in the first year but there are questions as to whether the way in which the Youth Surveys were administered and the timing of the surveys led to this outcome. The surveys were not presented to the students as being important and they were also administered around the same time that students had to take the MYDAUS.

***Fidelity.*** The changes made in the delivery of Class Action can be categorized as enhancements. Time was added to the overall program delivery and guest speakers and materials were added as well.

The following chart covers the fidelity of implementation of Class Action in MSAD 60.

<b>Fidelity Component</b>	<b>Type of Change to the Original Design</b>	<b>Reason(s) for Change</b>
Number of sessions	Increased the number of sessions	To increase time devoted to the Class Action curriculum
Length of sessions	The sessions were lengthened	To provide more time to cover content
Content of the sessions (e.g., session or lesson plan)	A practice session was built in for the group presentations	To improve the presentations
Order of sessions	None	
Session frequency	None	
Materials or handouts	Added vocabulary sheets and consequences applicable to the region	To enhance the legal vocabulary of students and to make the material more relevant to Maine.
Setting	None	

Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Intended population	None	
Instructor/participant ratio	None	
Other	Guest speakers were added to the curriculum	

**Implementation challenges.** This program proved challenging in that the teachers implementing it spent significant amounts of time planning.

#### PARENTING WISELY

Outcome results are not available for Parenting Wisely or Guiding Good Choices as there were too few participants who took part in the One ME Parent Surveys.

**Fidelity.** COOL modified the content of Parenting Wisely in an effort to make the program relevant to the participants. Following the first implementation of the program, the video was not used; rather, the facilitator used written scenarios in its place.

Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	None	
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	Did not do the full content of each session	Used only selected video scenarios to make the course more applicable to participants
Order of sessions	Did not do the sessions in order	Selected topics most common to the participants in an effort to make the course more applicable
Session frequency	None	



Component	Type of Change to the Original Design	Reason(s) for Change
Materials or handouts	Added resources such as parenting information, drug and alcohol pamphlets, resources for teens and a list of websites for teens and parent;	To provide additional resources
Setting	After the initial implementation, the video was not utilized, but used written scenarios and discussion questions. None	Facilitator thought the video program was too passive for a group setting and was outdated.
Intended population	None	
Instructor/participant ratio	None	

**Implementation challenges.** The facilitator found Parenting Wisely to be rather passive as it is designed (i.e., as a video program). This is explained by the fact that COOL implemented the program in a group setting. The facilitator also found the program video to be outdated and, therefore, utilized the printed scenarios and questions in place of the video.

In recognition of the difficulty in recruiting participants for parenting programs, COOL used door prizes (i.e., parenting books) and offered a meal with the program.

### ***Environmental Strategies Activities***

COOL began CMCA in September 2004; approximately 18 months after the One ME project began. At the time COOL was awarded the grant funding, the community was not ready for this environmental strategy. The coalition spent time first on readiness.

In its first year, the focus was on enforcement and information dissemination rather than explicitly working on policy changes. The enforcement activities included: working with local police on an ad campaign about the consequences of furnishing alcohol to minors; hosting beverage server training; and other efforts to educate merchants about underage sales.

The coalition's information dissemination activities were:

- Three social marketing campaigns;
- Radio and print ads;
- Seven presentations at community meetings;
- A drug-free event which reached 62 people; and

- The development of a prevention website (with over 5,000 hits over the course of a year).

A full listing of COOL's CMCA activities is shown in the appendix.

### ***Sustainability of Model Programming***

***Class Action.*** This program will be incorporated into the 9<sup>th</sup> grade curriculum in MSAD 60.

***Communities Mobilizing for Change on Alcohol.*** As part of CMCA, COOL plans a recruitment drive for the Safe Homes program. It is also working to continue its information dissemination efforts via a website, providing monthly inserts for school newsletters, developing pamphlets and brochures for distribution at public events and continuing efforts such as "COOL Minutes at Halftime."

COOL has developed a partnership with KEYS for Prevention, a coalition serving the same county. The two coalitions have begun to share human and other resources, especially in the implementation of CMCA.

***Guiding Good Choices.*** Part way through One ME, the coalition decided to discontinue the implementation of Guiding Good Choices. Like many other coalitions across the state, there was difficulty in recruiting participants.

***Parenting Wisely.*** The coalition does not have plans to sustain this program beyond the One ME grant.

# Healthy Androscoggin

## ***Coalition Description***

Healthy Androscoggin serves an area with a population of 80,000 which includes Lewiston, Auburn, Turner, Leeds, Greene, Poland, Minot, Mechanic Falls, Sabattus, Wales, Durham and Lisbon. The city of Lewiston is the second largest city in Maine.

The coalition maintained consistent leadership throughout One ME. The coordinator feels that this helped move the project forward as it takes time to build a foundation. The consistent leadership was also beneficial to building and maintaining relationships over the course of the planning phase and the implementation of programs. In addition to consistency, Healthy Androscoggin's coordinator notes that a coordinator who lives in the community is important to having the right contacts within the community.

## ***Model Programs Selected***

- Communities Mobilizing for Change on Alcohol
- Guiding Good Choices
- Parenting Wisely
- STARS for Families

## **Community Impact on Implementation**

***Resources.*** The coalition's service area was ready for One ME when the grant opportunity came along. Key stakeholders who were working with youth recognized a need for prevention work and were already spreading this message in the community prior to One ME. It was the required assessment of needs and resources which helped the stakeholders identify what prevention services were needed. Not only did the coalition coordinator effectively harness the momentum, but she tapped into the community stakeholder organizations to assist in program implementation as One ME proceeded.

***Constraints.*** One of the major hurdles for the coalition was to overcome community norms around parenting. Healthy Androscoggin selected two model programs aimed at parents, Guiding Good Choices and Parenting Wisely. Both programs proved challenging in a climate where parents do not want to publicly admit they may need parenting resources. A second challenge with the selection of these two programs is that another organization in the community implements a program for parents called Active Parenting of Teens. In essence, the coalition was trying to recruit participants for its programs in an area where parents are reluctant to seek assistance and where there was "competition" for the attention of parents.

## **Approach to Implementation**

Healthy Androscoggin's approach to implementation was to engage community partners:

- Guiding Good Choices was implemented through three school districts and Advocates for Children;
- STARS for Families through the school-based health centers in two districts; and
- Parenting Wisely through the YWCA and Advocates for Children.

## ***Model Program Results***

There were too few pre and post surveys from which to draw conclusions about the effectiveness of Guiding Good Choices, Parenting Wisely and STARS for Families. This is not unique to Healthy Androscoggin. Most coalitions that implemented programs for parents were unable to recruit sufficient numbers of participants or to gather Parent Survey data.

### **GUIDING GOOD CHOICES**

***Implementation challenges.*** Despite advertising for participants in Adult Education flyers and in the newspaper, there weren't many parents who signed up for Guiding Good Choices. In total, there were six who participated. Healthy Androscoggin's coordinator notes that the program description for Guiding Good Choices may have contributed to the lack of interest in the program. She believes the description gives the impression that the program is geared specifically to parents who think their children are using substances. Many parents do not think their children are using them and those who do think so are reluctant to step forward and publicly admit this.

### **PARENTING WISELY**

Healthy Androscoggin enlisted two partnering agencies, YWCA and Advocates for Children, to implement Parenting Wisely. The coalition's approach was to show "this is what is in it for you, this is what it does for us and this is what is in it for the community." Healthy Androscoggin gave small stipends to the agencies to recruit participants and facilitate the program. Both organizations sent staff to Parenting Wisely training. To recruit participants, the agencies advertised in a parenting resource flyer and in a substance awareness flyer that went home with students. The intent was to work one-on-one with parents. No participants had been served by this program as of December 2005.

Overall, Parenting Wisely is seen as a low-cost community resource. The coordinator feels that a lunchtime setting at a local business may work better for a program like Parenting Wisely.

***Implementation challenges.*** In addition to the challenges of recruiting parents, technology was also an issue. Because the program is CD-based, those implementing the program need up-to-date computers.

### **STARS FOR FAMILIES**

This program was implemented through the school-based health centers in Auburn and Lewiston. To recruit participants, flyers were sent out with academic report cards. Information about the program was also distributed any time a student signed up for services at the health center. Of 300 students targeted, 14 signed up at one school, fewer at the other school. The coalition thinks more needs to be done to get the word out about the program. KIT Solutions shows no participants as of December 2005, yet quarterly reports indicate that 13 students participated in Auburn and four participated in Lewiston.

One key to the program's success is that the school's Nurse Practitioner bought into the program and took the time to make it her own.

One of the unintended consequences of the implementation of STARS for Families is that the coalition developed a relationship with St. Mary's, the organization that runs the school-based health center. Both entities began a dialog about other things they could work on together.

**Fidelity.** The coalition made just two adaptations to the program. One change was the population. STARS is designed for implementation with 7<sup>th</sup> and 8<sup>th</sup> graders; the coalition delivered the program to 8<sup>th</sup> and 9<sup>th</sup> graders. A second change was made to save money. Postcards to parents went out two at a time rather than individually.

**Implementation challenges.** Healthy Androscoggin found that it was difficult to evaluate the program. Much of the difficulty was due to the fact that the evaluation included surveying parents of the students in the program. Since parents are not brought together at any point in the program, surveys were mailed to them. Very few were returned despite the provision of postage paid return envelopes and offering \$10 gift certificates for participation in the evaluation.

Besides the challenges of the evaluation, another barrier to implementation is the cost of delivering STARS for Families. The program involves paying for two one-on-one sessions with a Nurse Practitioner for each student participant.

By the end of One ME, the coalition decided to discontinue STARS for Families.<sup>12</sup>

### ***Environmental Strategies Activities***

One ME marked the introduction of Communities Mobilizing for Change on Alcohol in Healthy Androscoggin's service area. Through CMCA, the following enforcement interventions and activities were implemented:

- Two sting operations were conducted targeting merchants who sell alcohol to minors;
- There were 200 hours of law enforcement patrols of teen parties and other venues dedicated to the enforcement of underage drinking laws;
- Six training sessions for law enforcement were held; and
- 100 bartenders and wait-staff were trained in an effort to reduce service to minors.

A number of social marketing and media advocacy campaigns were conducted. Letters to the editor were published in local newspapers and four community presentations were done. A full description of all of the CMCA interventions and activities by Healthy Androscoggin are shown in the appendix.

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<sup>12</sup> Healthy Androscoggin Quarterly Report for the Period 10/1/05 – 12/31/05.

### ***Sustainability of Model Programming***

***Communities Mobilizing for Change on Alcohol.*** Work on CMCA will continue with Drug-free Communities funding.

***Guiding Good Choices.*** There are no plans to sustain Guiding Good Choices.

***Parenting Wisely.*** There are no plans by the coalition to sustain Parenting Wisely, although its community partners have the program material as a resource.

***STARS for Families.*** As of December 2005, the program was discontinued. The coalition plans to assess, largely based on participant feedback, whether or not the program is worth pursuing in the future.

# Healthy Hancock

## ***Coalition Description***

Healthy Hancock focuses its efforts on the communities of Blue Hill, Ellsworth and Mount Desert Island. The Healthy Hancock One ME Coalition is composed of smaller community coalitions (Healthy Peninsula Project/Peninsula Area Team for Health, Union River Healthy Community Coalition and Healthy Acadia) in each of the three communities. For this reason it is one of the seven One ME super coalitions.

The Healthy Hancock One ME Coalition saw three coordinators over the course of One ME.

## ***Model Programs Selected***

- Communities Mobilizing for Change on Alcohol
- Creating Lasting Family Connections
- Second Step

## **Community Impact on Implementation**

**Resources.** Healthy Hancock noted that one of its greatest resources at the start of One ME was community readiness. The community seemed to have accepted that substance abuse is a problem and was open to action. Prior to One ME, Union River Healthy Community Coalition had conducted a series of community dialogs in Ellsworth; the best attended dialogs were those on substance abuse topics.

Four community sectors were particularly supportive to the initiative, schools, law enforcement, courts and the media. The Ellsworth School Department showed support for the Second Step program and a willingness to implement it without seeing the program or its results because of its commitment to substance abuse prevention.

The interest of law enforcement in drug and alcohol issues set the stage for work on environmental strategies. The District Attorney's office had already been working with Healthy Hancock on a juvenile court diversion program for tobacco and showed interest in a diversion program for alcohol as well. The coalition had a positive relationship with local media which would serve an important function to get the word out about One ME.

Another resource was that Healthy Hancock had a super coalition structure in place before One ME. Partnerships had already been established and regular meetings were held to discuss county-wide efforts.

**Constraints.** Healthy Hancock saw two major constraints to implementing One ME, money and staff. The coalition feels that the focus on science-based prevention programs limited community innovation and investment in local efforts.

## **Approach to Implementation**

Three community coalitions were responsible for the implementation of model programs in Healthy Hancock's service area:

- Communities Mobilizing for Change on Alcohol was implemented by Peninsula Area Team for Health/Healthy Peninsula Project in the Blue Hill area;
- Healthy Acadia implemented Creating Lasting Family Connections across nine towns in the Mount Desert Island region; and
- Union River Healthy Communities Coalition brought Second Step to Ellsworth schools.

The super coalition's funding was divided equally among the three partners.

### ***Model Program Results***

#### **CREATING LASTING FAMILY CONNECTIONS**

Thirty-nine youth and parents participated in Creating Lasting Family Connections. Strong relationships between Healthy Acadia and schools, churches and Camp Beechcliff assisted with implementation of the program.

Evaluation results are not available for this program due to too few pre and post tests that were able to be matched. The coalition reports the following improvements as a result of the program:

- Parents give more consistent messages to their children in relation to the risks of underage drinking;
- Resources from Creating Lasting Family Connections are referenced in School Union 98's health education curriculum; and
- The program is integrated into an alternative education program offered to first year students at MDI High School.

***Fidelity.*** The program facilitators did not make any changes to Creating Lasting Family Connections as it was designed.

***Implementation challenges.*** Healthy Acadia learned that the program requires extensive recruitment efforts in order to have participants and to sustain it. The coordinator of Healthy Acadia began efforts to sustain the program from the very beginning. She marketed the program to schools and other organizations in the community.

#### **SECOND STEP**

Through One ME, Union River Healthy Community Coalition was able to work with the Ellsworth School system to create a Coordinated School Health Program. One of the benefits of this program was that it brought Second Step, a violence prevention program, to the school system.

Initially, the biggest barrier to the implementation of Second Step was teacher preparation. Teachers did not feel prepared to implement the program so it was implemented by one teacher only in the 2004-2005 school year. This one teacher implemented the program with 175 students. The following summer, the school department provided funding for a comprehensive Second Step training and a full-day



training in October 2005. Second Step is implemented as part of part of school curriculum two to three times per week.

While there were too few matched pre and post surveys to determine the effectiveness of Second Step with any level of certainty, the data were analyzed given that Healthy Hancock was the only coalition to implement the program in Maine. Protective and risk factors in the individual/peer and school domains were assessed. Improvements were seen in two protective factors, belief in the moral order and school opportunities for involvement. The risk factors that showed signs of reduction were: attitudes favorable toward drug use; low academic achievement; and low commitment to school.

**Fidelity.** Adaptations to Second Step were made solely to fit in with the school schedule.

Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	Often, one lesson was covered over the course of two sessions	Lesson plans were too long for the 40 minute class period
Length of sessions	Lessons were 40 minutes in length	To fit in school class schedule
Content of the sessions (e.g., session or lesson plan)	None	
Order of sessions	None	
Session frequency	Two sessions per week	To fit in school class schedule
Materials or handouts	None	
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

**Implementation challenges.** Teacher preparation was a challenge. The teachers felt that the training video was not enough and that they needed additional training.<sup>13</sup> The school funded additional training in the summer and fall of 2005.

<sup>13</sup> Healthy Hancock Quarterly Report for the period of 10/1/04 – 12/31/04.

### ***Environmental Strategies Activities***

One ME marked the introduction of Communities Mobilizing for Change on Alcohol to the service area of Peninsula Area Team for Health (PATH). The coalition was successful in enacting limits on smoking in public places, drug-free school use policies and workplace use policies. The coalition worked to support retailers in complying with laws on serving minors and educated merchants about the laws and penalties for selling to underage customers. Social marketing was also employed.

### ***Sustainability of Model Programming***

***Communities Mobilizing for Change on Alcohol.*** PATH is seeking funding to continue CMCA.

***Creating Lasting Family Connections.*** Healthy Acadia has sustained the program within Mount Desert Island High School. The school is implementing it in its alternative education programs and through the Substance Abuse Counselor in the school's guidance office.

***Second Step.*** Union River Healthy Community Coalition reports that the Ellsworth School Department is committed to using Second Step in all elementary grades as part of the curriculum.

## **Katahdin Area Partnership**

### ***Coalition Description***

Katahdin Area Partnership serves the Katahdin Region located in the northern part of Penobscot County. The Katahdin Region is rural and serves as the gateway to Baxter State Park. Millinocket, East Millinocket and Medway are the predominant towns within the region with a combined population of approximately 10,000.

The coalition maintained the same coordinator throughout One ME. This stability was an important key to working with schools. The continuity meant that there was not someone new approaching and coming into the schools. Coalition relationships with schools have consistently shown to be important to the success of One ME.

### ***Model Programs Selected***

- Communities Mobilizing for Change on Alcohol
- Guiding Good Choices (not implemented)
- STARS for Families

### **Community Impact on Implementation**

**Resources.** Katahdin Area Partnership had a good relationship with local schools prior to One ME. One reason for this is that Healthy Maine Partnerships already had a health coordinator in the area schools. In addition, the coalition coordinator sits on the school board (and the school board was represented on the coalition prior to One ME and continues to be represented). Because of these factors, the schools were ready and open to prevention programming.

At start of One ME a local reporter wanted access to school-level MYDAUS data, but the superintendent was reluctant to release it. The fear was that the data might be misused. During this time, a new school superintendent was successful in framing MYDAUS findings as community issues, not just school issues. This course of events resulted in the development of a good relationship with the local media. The media thus became a resource to the coalition at the beginning of One ME.

**Constraints.** One of the challenges in implementing One ME in Katahdin's service area was the lack of parent groups in the community. It meant that finding parents to volunteer and participate in a program was difficult.

A second challenge was the dynamics of the service area itself. It encompasses two communities divided by school district. These communities have an "us versus them" dynamic. The coalition's work had to consider this context as it proceeded.

The number one challenge to the coalition is economics. In 2002, the local paper company, Great Northern, closed. This meant that community members were focused solely on finding employment. The economy of the area led people to move out of the community. Housing costs went down and a transient population moved in. As a result, the coalition is seeing additional challenges, such as lack of engagement in school, behavioral issues among students.

The coalition overcame these challenges by continuing to develop strong working relationships with the schools. One of the key relationships is that with the school health coordinator. It enabled the coalition to obtain school buy-in for One ME programs.

### **Approach to Implementation**

All Guidance Counselors from two area schools were trained in STARS for Families. Katahdin Area Partnership piloted the program with 7<sup>th</sup> graders in year one to see if the program could be implemented as part of LifeSkills Training. In year two, all 6<sup>th</sup> graders participated in STARS for Families in conjunction with LifeSkills. In total, 32 students participated.

### **Model Program Results**

#### **STARS FOR FAMILIES**

Pre and post survey results are not available for STARS for Families given the low number of surveys returned to evaluators. Despite the lack of evaluation results, the coalition received positive feedback from student participants. The students reported that they had discussions at home that they would not have had if they were not participating in STARS for Families.

The coalition coordinator believes STARS could be effective if implemented the “right way,” meaning as it was intended rather than as part of LifeSkills. Before it is implemented though, more work needs to be done on family norms and efforts must be expended to secure buy-in from families.

**Fidelity.** STARS for Families is designed with three primary components:

1. A health care consultation;
2. *Key Facts* postcards; and
3. Family Take-home lessons.

Katahdin Area Partnership chose to implement STARS as a school-based program as part of LifeSkills Training, rather than as it was designed. This accounts for all the adaptations made to the program.

Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	Four sessions instead of five	
Length of sessions	45 minutes	
Content of the sessions (e.g., session or lesson plan)	Major components were covered, but did not cover the curriculum to the letter	Due to the program being part of LifeSkills rather than a stand-alone program
Order of sessions	None	
Session frequency	Four sessions over the course of the school year	To fit it into the LifeSkills Training curriculum
Materials or handouts	None	
Setting	Classroom	Built into LifeSkills Training
Intended population	None	
Instructor/participant ratio	Ratio of 1:20	The coalition implemented STARS for Families in a classroom setting

**Implementation challenges.** The training for STARS for Families was not well received. Guidance counselors from Millinocket and School Union 113 attended, but felt that the trainers talked down to them.

Another challenge was getting students to complete their homework assignments for the program and return them to class.

Even with the challenges, STARS for Families was a good choice for the coalition given the lack of venues for parental involvement. It is designed as a low barrier program to reach parents.

### ***Environmental Strategies Activities***

One ME brought Communities Mobilizing for Change on Alcohol to the towns of Millinocket, East Millinocket, Medway and Woodville for the first time. Katahdin Area Partnership was successful in enacting policies to ensure a smoke-free campus at the local hospital. The coalition is also working to enact open container policies at recreation complexes and revamp school extra-curricular policies.

The coalition also engaged in the following activities:

- Passage of two town resolutions regarding substance use;
- Sticker Shock and Alcohol Avalanche;
- Collaboration with law enforcement to reduce the number of areas in which underage drinking occurs;
- Training staff of one establishment to reduce service to minors;
- Education of 20 merchants about the laws and penalties for selling to minors; and
- Conduct of paid media advocacy and aired four different public service announcements.

A full listing of the coalition's activities can be found in the appendix.

### ***Sustainability of Model Programming***

***Communities Mobilizing for Change on Alcohol.*** CMCA will continue beyond One ME. The coalition plans to develop a public awareness campaign to address adult consequences and penalties for providing alcohol to minors. Katahdin Area Partnership also plans to start a "Safe Homes" program.

Two funding sources will be used to continue the work: Drug-free Communities and Safe and Drug-free Schools.

***STARS for Families.*** This program will not be continued by Katahdin Area Partnership.

## **KEYS for Prevention**

### ***Coalition Description***

The KEYS for Prevention coalition serves the York County communities of Kittery, Eliot, York and South Berwick. The total population for the four towns combined is just under 40,000 according to the 2000 Census. Over the course of One ME, KEYS had two coalition coordinators.

### ***Model Programs Selected***

- Communities Mobilizing for Change on Alcohol
- Leadership and Resiliency Program
- Parenting Wisely
- Positive Action

### **Community Impact on Implementation**

**Resources.** KEYS' resources can be categorized into three areas: relationships (e.g., positive relationships with area schools); structure (established community wellness coalition); and resources (staff experience, Healthy Maine Partnership grant and a strong child leadership council).

**Constraints.** The bureaucracy of the coalition's lead agency and the school systems proved challenging to the implementation of model programs through One ME. Communication with schools was also difficult and impacted the implementation of the Leadership and Resiliency Program. The program is implemented in four schools. The coalition recognized that there are communication issues between schools; therefore, the coalition learned to deal with each school individually, adjusting its approach to the specific school.

The coalition faced denial about substance abuse issues from the community. One of the ways this played out was with MYDAUS data. The schools would not release MYDAUS data at the school level; rather, the data were to be aggregated for the "KEYS region."

### **Approach to Implementation**

Planning and implementation of model programs was largely the responsibility of the coalition coordinator, the Leadership and Resiliency Program coordinator and individual school co-facilitators. As seen in other One ME coalitions, having a contact and champion within the schools is important to successful implementation.

The active interest and participation of schools and two community agencies was instrumental to Leadership and Resiliency. One of the components of the program is volunteering at an animal shelter. The area's Animal Welfare Society proved to be an important asset in the success of the program. The shelter is active in domestic violence prevention and was open to working with the Leadership and Resiliency youth. Also, the YMCA in Biddeford provided a location for the adventure activities and low-cost transportation of students.

KEYS provided \$2,000.00 stipends to each school for their participation in Leadership and Resiliency. This was the coalition's way of showing schools that their expertise is valued.

### ***Model Program Results***

#### **LEADERSHIP AND RESILIENCY PROGRAM**

The One ME Youth Survey for the Leadership and Resiliency Program measures protective and risk factors in two domains, individual/peer and school. Positive results were seen on the following factors:

- Social skills;
- Belief in the moral order;
- School rewards for conventional involvement;
- School opportunities for involvement;
- Low perceived risk of drug use;
- Rewards for antisocial behavior;
- Attitudes favorable toward drug use;
- Rebelliousness;
- Intention to use drugs;
- Friends' substance use; and
- Interaction with antisocial peers.

In addition to the evaluation results, KEYS saw improvement in student grades. The Leadership and Resiliency Program facilitator provided numerous examples of positive behavior change as well. Some examples are: the development of appropriate behavior in a group setting; improved social skills; self-reports of reduced substance use; increased support of other group members; and increased participation in school activities.

Students were selected for participation by a team within the schools. These teams included guidance staff, school resource officers and student assistance counselors.

***Fidelity.*** The program was implemented with a high degree of fidelity. There were fewer adventure activities than prescribed due to funding and weather. The content of the sessions is not spelled out in the program manual; therefore facilitators added their own content to many sessions.



Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	Adventure activities were not monthly	Weather and financial constraints
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	Added word games, tower building, movies, outdoor games and an art component	Manual did not provide adequate material for all the sessions
	Puppet show not implemented	Time constraints
Order of sessions	N/A	
Session frequency	None	
Materials or handouts	Art supplies	For the activities
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

**Implementation challenges.** The program was first implemented in January 2004 and was “a struggle at first.” The training provided for Leadership and Resiliency was not as informative as expected. The program’s manual is seen as helpful, but it offered little guidance in terms of the week-to-week workings of the group. The facilitators had difficulty initially in obtaining student buy-in to the program. Scheduling was a challenge as were the weekend adventure activities.

The difficulties with the adventure activities were resolved by conducting those activities during the school day rather than on weekends. Partnering with the Biddeford YMCA was instrumental in overcoming transportation issues and the confusion of trying to plan activities at various locations.

The program’s coordinator/facilitator worked with each school individually to address scheduling issues. One key factor in facilitating scheduling is to have a single, designated contact at each of the four schools.

Another hurdle to getting the program up and running is obtaining permission slips from parents allowing their children to participate. The coalition found this challenging because many of the at-risk participants targeted by this program do not have parents who actively participate in their child's education.

### **PARENTING WISELY**

The coalition selected this program for implementation, but did not have any participants. In the summer of 2004, the coalition decided to implement Positive Action instead of Parenting Wisely.<sup>14</sup>

### **POSITIVE ACTION**

This program was selected for implementation to replace Parenting Wisely. It was not part of the evaluation as it began when data collection was ending. The coalition did administer the program at Woodland Commons in Kittery. Rather than implementing Positive Action as a school-based program, KEYS is implementing it in a community setting.

### ***Environmental Strategies Activities***

KEYS implemented Communities Mobilizing for Change on Alcohol. Some of the coalition's environmental strategy activities include:

- Sticker Shock in two communities;
- Media campaign with youth;
- Community meetings on substance abuse;
- KEYS Family Fun Night;
- Implementation of a new draft model alcohol underage drinking policy; and
- Community forum called "FACTS to Action: the Cost of Alcohol on our Communities."<sup>15</sup>

KEYS for Prevention partnered with the COOL coalition on a number of activities.

### ***Sustainability of Model Programming***

***Communities Mobilizing for Change on Alcohol.*** KEYS continues its CMCA efforts. The coalition launched a campaign to engage business and faith-based partners in its CMCA Action Team.

***Leadership and Resiliency Program.*** The coalition submitted grant applications for funding to continue LRP at three high schools. This funding was not obtained.

***Parenting Wisely.*** This program will not continue.

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<sup>14</sup> KEYS for Prevention Quarterly Report for the period 7/1/04 – 9/30/04.

<sup>15</sup> KEYS for Prevention quarterly Reports.

# **Knox County Coalition Against Tobacco**

## ***Coalition Description***

When One ME began, Knox County Coalition Against Tobacco intended to serve five mid-coast towns. The five towns are served by three school districts: MSAD 69 which includes Appleton, Hope and Lincolnville; MSAD 28 which includes Camden and Rockport; and the five-town CSD, Camden Hills Regional High School, which is a regional high school that includes all of the students in the aforementioned towns in grades nine through 12. Over the course of One ME, the coalition expanded its service area to all of Knox County.

The coalition kept the same coordinator throughout the One ME project. She is not certain that consistent leadership is what matters. In her opinion, success depends largely on the leader and what he or she brings to the job.

## ***Model Programs Selected***

- All Stars
- Guiding Good Choices
- Olweus Bullying Prevention Program

## **Community Impact on Implementation**

**Resources.** A small segment of the community bought into the All Stars program initially. The coalition was able to harness this enthusiasm by providing All Stars training to three individuals within the schools (a fourth facilitator was later trained). All Stars was readily embraced by three towns. Not only was the program seen as a resource to the schools, but it also helped them meet Maine Learning Results requirements.

The coalition itself was a resource to implementation. One coalition member became a facilitator for both All Stars and Guiding Good Choices. Other members were instrumental in connecting the coalition coordinator to the necessary people in the community to get programs started.

A local newspaper was a resource as well. It provided advertising for Guiding Good Choices and All Stars every other week and ran educational pieces. Press releases were used to educate community members.

**Constraints.** Barriers were encountered in a few communities. In particular, a couple of schools said there was “no room” for the prevention programs the coalition was offering. This was particularly surprising given that a series of study circles had just been completed which indicated that substance abuse was a real concern in the communities. Knox County Coalition Against Tobacco decided to focus on those communities that were open to prevention programming, those that seemed ready for it.

## **Approach to Implementation**

All Stars and the Olweus Bullying Prevention Program were delivered as part of the school curriculum. Guiding Good Choices is a parenting program, but it was also largely delivered at school settings. This was a natural setting as the school is the center of many of the coalition's communities. The coalition offered incentives to Guiding Good Choices participants.

## ***Model Program Results***

### **ALL STARS**

The effectiveness of the All Stars program is measured across four domains: individual/peer; school; family; and community. Knox County Coalition Against Tobacco first implemented All Stars in the fall of 2003. The following protective factors increased among students:

- Social skills;\*
- Belief in the moral order;
- High self-esteem;
- School rewards for pro-social involvement;
- Family attachment;
- Family rewards for pro-social involvement;
- Community opportunities for pro-social involvement; and
- Community rewards for involvement.\*

The risk factors which showed a reduction from pre to post survey include:

- Low perceived risk of drug use;
- Rebelliousness;
- Intention to use drugs;
- Friends' substance use;
- Interaction with antisocial peers;
- Sensation seeking;
- Low academic achievement;
- Parental attitudes favorable toward antisocial behavior;
- Perceived availability of drugs;\*
- Laws and norms favorable toward drugs; and
- Low neighborhood attachment.

When implemented in 2004, with the exception of the family attachment protective factor, the same effectiveness was seen on the protective factors. Fewer improvements were seen on the risk factors in year two. Those showing improvement were:

- Attitudes favorable toward drug use;
- Friends' substance use;
- Parental attitudes favorable toward antisocial behavior;
- Poor family management;
- Perceived availability of drugs; and
- Low neighborhood attachment.

In addition to the survey results, the program is seen as having a positive impact on families. Facilitators report that parents comment to them about talking with their children about things they would not have discussed without All Stars. Parents also noticed a difference in their children (e.g., improved reasoning).

As of December 2005, 191 students had participated in All Stars.

**Fidelity.** The positive results shown by the One ME Youth Survey can be tied to the fact that Knox County Coalition Against Tobacco made just one adaptation to All Stars.

Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	None	
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	None	
Order of sessions	None	
Session frequency	None	
Materials or handouts	Take-home materials for parents were provided	To provide additional resources for parents
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

**Implementation challenges.** Facilitators felt that younger students tended to be more interested in All Stars than the older middle school students.

### **GUIDING GOOD CHOICES**

In total, 59 parents participated in Guiding Good Choices. While Parent Survey results are not available for Guiding Good Choices, the coalition coordinator did receive positive feedback from participants via a feedback form. The coordinator also feels the program

is effective in that parents returned for a second cycle of the program and report that they do the program work at home (e.g., hold family meetings).

After the program was delivered in Appleton, the parents who participated in the program continued to meet. Together they are working to raise money to build the program in their community.

**Fidelity.** Besides providing supplemental materials to parents, Knox County Coalition Against Tobacco did not adapt Guiding Good Choices.

**Implementation challenges.** The one difficulty noted is getting parents to role play during the program sessions. In these instances, role playing was replaced by discussion.

### **OLWEUS BULLYING PREVENTION PROGRAM**

Knox County Coalition Against Tobacco was approached by a community member who had seen information about the coalition on the One ME website. This individual called the coalition and explained that there was a need for bullying prevention in Appleton. The coalition worked with Appleton Village School to train staff in August 2005 and begin implementing the program in September. One hundred thirty-four students are participating in the program in the 2005-2006 school year.<sup>16</sup>

Due to the timing of this program it was not evaluated as part of the One ME evaluation.

### ***Sustainability of Model Programming***

**All Stars.** Not only will All Stars continue in Hope, Appleton and Lincolnville schools for 6<sup>th</sup> and 7<sup>th</sup> graders, but Hope and Lincolnville are expanding All Stars to include 8<sup>th</sup> graders as well. Appleton currently implements the 8<sup>th</sup> grade version of the program.

**Guiding Good Choices.** A facilitator in Appleton will continue to implement the program with the materials purchased through One ME. He will hold the program without the stipend previously paid for with One ME funds. The program will also take place in Rockland.

**Olweus Bullying Prevention Program.** This program will continue to be implemented in Appleton and Rockland. The coalition is exploring funding sources to support its continuation in the 2006-2007 school year.

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<sup>16</sup> Knox County Coalition Against Tobacco Quarterly Report for the period 7/1/05 – 9/30/05.

# Lake Region Healthy Community Coalition

## ***Coalition Description***

Lake Region Healthy Community Coalition serves towns included in the MSAD 61 school district: Bridgton, Casco, Naples and Sebago. Bridgton is the largest with a population of 4,780. The total population for the four towns is 12,847. The coalition was led by the same coordinator throughout One ME. The coordinator believes the consistency in leadership is important to making connections to implement programs.

## ***Model Programs Selected***

- Across Ages
- Communities Mobilizing for Change on Alcohol
- Creating Lasting Family Connections (not implemented)
- Guiding Good Choices (not implemented)
- Positive Action (not implemented)

## **Community Impact on Implementation**

***Resources.*** A local television station was one of the most important community resources for the Across Ages program. The station served as the setting for most of the program's activities and sessions.

***Constraints.*** The largest constraints in the community that impacted the implementation of model programs are:

- Parental attitudes. Those parents who the coalition believes need assistance are disconnected from the community and reluctant to accept the help of community organizations. This had an impact on Lake Region particularly because the coalition selected model programs that have strong family components.
- Funding. School budgets for extra-curricular activities had been cut.
- Transportation. The coalition serves a rural area, making it difficult for some mentors to get to the Across Ages sessions.
- Economics. Many families are overwhelmed by their financial situations.
- An "anti-youth" culture within the community.

The attitudinal challenges mentioned above are being addressed through Communities Mobilizing for Change on Alcohol.

## **Approach to Implementation**

The Across Ages facilitator handled recruitment of participants and mentors and the implementation of the program. The coalition tried to contract with a local social service agency to deliver Creating Lasting Family Connections and Guiding Good Choices, but the contractual arrangement did not work out.

## **Model Program Results**

### **ACROSS AGES**

Thirty youth participated in Lake Region's Across Ages program. Too few Youth Surveys were returned to assess the program's impact. The program's facilitator believes the program is effective based on feedback from parents and mentors about changes in the attitudes of the participants and feedback from schools.

**Fidelity.** The table below shows the types of adaptations made to Across Ages.

<b>Fidelity Component</b>	<b>Type of Change to the Original Design</b>	<b>Reason(s) for Change</b>
Number of sessions	Varied	Availability of mentors
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	Life skills and community service projects were implemented	
Order of sessions		
Session frequency	Sometimes fewer sessions per week	Weather and transportation issues
Materials or handouts	None	
Setting	Implemented only in a community setting. Across Ages is designed to be implemented in schools and the community	Schools not willing to add anything into curriculum due to budget; coalition needs time to develop relationships with the schools
Intended population	None	
Instructor/participant ratio	Group mentoring	Unable to recruit enough mentors for all students; allows for turnover to occur in a relatively seamless way

**Implementation challenges.** The biggest challenge to Across Ages was the mentoring component. This component is difficult in a rural setting due to transportation issues, especially in bad weather. The economics of the region also proved to be a barrier. Across Ages requires mentors who are age 55 or older. Many of Lake Region Healthy Community Coalition's mentors must work in retirement to support themselves. Health



problems among mentors added to the challenges. To overcome the difficulty in securing mentors, the coalition utilized group mentoring.

Schools also created a barrier for Across Ages. They were reluctant to refer students to the program, citing concerns with violating student confidentiality rights.

Once the program was up and running, staffing and the large geographic area impacted expansion of the program. One school in Sebago was interested in the program. With the school being 25 miles from Bridgton and only one facilitator, the program could not be delivered in Sebago.

The last major challenge to implementation is that the families of youth who may need mentoring are not likely to seek assistance.

### **CREATING LASTING FAMILY CONNECTIONS**

Lake Region Healthy Community Coalition had planned to contract with Day One to implement this program. It was thought to be “too involved” so the coalition decided not to implement it. In its place, the coalition considered Guiding Good Choices.

### **GUIDING GOOD CHOICES**

Lake Region Healthy Community Coalition entered into a contractual agreement with Day One to deliver Guiding Good Choices. Day One has experience with this particular program in Portland and South Portland. According to a quarterly report (covering the period 1/1/05 to 3/31/05), the coalition arranged for a session to be held at the Bridgton Community Center in April 2005. Subsequent quarterly reports and other KIT Solutions data indicate that the session did not occur. The program was not continued due to the cost of contracting with Day One and because of difficulties communicating with that agency.

### **POSITIVE ACTION**

Positive Action proved to be too labor intensive for the coalition to implement during One ME.

### ***Environmental Strategies Activities***

Communities Mobilizing for Change on Alcohol was implemented by Lake Region Healthy Community Coalition in the towns of Bridgton, Casco, Naples and Sebago beginning in June 2004. The following are examples of the interventions and activities conducted by the coalition:

- Enacted limits on smoking in public places;
- Conducted one training session to educate 12 law enforcement personnel;
- Aired a public service announcement 30 times;
- Conducted three media literacy sessions;
- Presented at five community meetings to a total of 385 people; and
- Sponsored seven drug-free events.

More detail is shown in the appendix.

### ***Sustainability of Model Programming***

***Across Ages.*** The coalition intends to continue to implement the mentoring component of Across Ages.

***Communities Mobilizing for Change on Alcohol.*** The coalition plans to continue CMCA. Specifically, Lake Region Healthy Communities Coalition is planning to continue public education and awareness and the development of a coordinated responder team.

***Creating Lasting Family Connections.*** There are no plans to implement Creating Lasting Family Connections.

***Guiding Good Choices.*** There are no plans to implement the Guiding Good Choices program.

***Positive Action.*** The coalition does not intend to implement Positive Action.

# One ME Downeast

## ***Coalition Description***

Addison, Cherryfield, Columbia, Columbia Falls, Cutler, East Machias, Harrington, Jonesboro, Jonesport-Beals, Lubec, Machias, Machiasport, Marshfield, Milbridge, Trescott, Whiting, Wesley and Whitneyville make up the One ME Downeast service area. The combined population of these rural towns is 15,174 residents, including 2,312 students.

One ME Downeast's progress in implementing model programs was hindered to some extent by changes in leadership. Because the coalition selected two school-based programs, it needed time to build relationships individually with the schools and to work with them on implementation.

## ***Model Programs Selected***

- Class Action (selected, but not implemented)
- Community Trials Intervention to Reduce High-risk Drinking
- Project Northland (selected, but not implemented)

## **Community Impact on Implementation**

**Constraints.** The coalition's proposal for One ME funding described the challenges facing its community: rural isolation; poverty; an unstable economy; poor educational achievement among the population; limited school resources; and adverse health factors and unhealthy lifestyles among the population.<sup>17</sup> The coalition coordinator noted the impact of community conditions on youth; he described a group of young people who see little future for themselves, in part because of the lack of jobs and lack of skills they see in their parents. In assessing the coalition's progress on the One ME project it is important to keep the context of One ME in mind.

In addition to community conditions, the experience of area coalitions working with local schools impacted One ME. Downeast Healthy Tomorrows, the "parent" organization of One ME Downeast did not have a long history of working with area schools. Work with the schools began just two and one-half years prior to One ME.<sup>18</sup> Those One ME coalitions with stronger relationships and more extensive histories in working with schools were better able to implement evidence-based programs in a school setting.

Another school-related barrier for One ME Downeast was the feeling among school administrators that there is "no time for prevention programming." The main strategy of the coalition coordinator in overcoming this barrier was to align the selected model programs with Maine Learning Results. While this effort took time, the coordinator was eventually successful in showing school administrators that these prevention programs could help them meet the Maine Learning Results requirements.

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<sup>17</sup> One ME Downeast's One ME – Stand United for Prevention proposal, September 25, 2002.

<sup>18</sup> One ME Downeast's One ME – Stand United for Prevention proposal, September 25, 2002.

Other coalitions that met resistance from schools opted to provide prevention programming in an after school setting. This was not an option for One ME Downeast because of transportation issues and the lack of community structures to support after school programs.

Lastly, One ME Downeast was hindered because of the number of coalitions that already existed in the community. With so many coalitions within a relatively small population, the coalition had to compete for attention of active community members. The multiple coalitions are the result of specific grants coming into the community, with different requirements and areas of focus.

**Resources.** While the grants created some difficulty in mobilizing the communities in One ME Downeast's service area, the fact that community organizations are able to continue to secure funding is certainly an important resource. In fact, a recent U.S. Department of Education grant will help ensure that the investment and groundwork laid by One ME will not be lost. It is this funding which will support Class Action and Community Trials Intervention beyond One ME.

While work with schools was a challenge, the relationship-building between them and the coalition was facilitated by the fact that the coalition coordinator is from Lubec. In Washington County, as in many areas of Maine, being a part of the community served lends credibility to the coalition and its work.

### **Approach to Implementation**

At the end of One ME, the coordinator was able to get a number of schools to commit to implementing model programs. The keys to this success included gaining buy-in from schools and enlisting "champions" for the programs within the schools. As many coordinators learned, it is difficult to get programming started from "the outside."

While no students were served by One ME Downeast during One ME, three elementary schools began to implement Project Northland and one high school started Class Action in January 2006.

Besides the time it took to build effective working relationships with the schools, the coalition's initial selection of Project Northland may not have been wholly appropriate given the community and school constraints. If the coordinator had been in his position from the start of One ME, he would have considered a program which is shorter in duration. Project Northland is a three-year commitment.

### **Environmental Strategies Activities**

One ME Downeast began to implement Community Trials Intervention to Reduce High-risk Drinking in July 2003. Its efforts focused largely on information dissemination. Examples of the activities conducted are:

- Two National Alcohol Screening Days;
- 12 Fatal Vision Presentations;
- Distribution of Alcohol Server Awareness Program brochures to 36 area businesses;
- One social marketing campaign;

- Two presentations at community meetings;
- Three drug-free events; and
- Regular articles in the local newspaper.

### ***Sustainability of Model Programming***

***Class Action.*** Class Action will be implemented in nine high schools in Washington County through the U.S. Department of Education Grant to Reduce Alcohol Abuse Program (GRAAP) and will be integrated into their curricula in the 2006-2007 school year as well.

***Community Trials Intervention.*** This environmental strategy will continue to be implemented as part of the GRAAP.

***Project Northland.*** This program is being delivered, in part, in five middle schools. A sixth school is considering the program.

## **One ME – One Portland Coalition**

### ***Coalition Description***

One ME – One Portland serves the City of Portland. With a population of 64,249, it is the state's largest city. Portland Public Schools operate 19 schools serving 7,779 students. The private schools in the city, including Waynflete, McAuley and Cheverus, serve 1,099 youth. Portland has the greatest diversity within any school system in Maine with 52 languages other than English being spoken by students. One ME – One Portland had one change in leadership during the course of the project.

### ***Model Programs Selected***

- All Stars
- Communities Mobilizing for Change on Alcohol
- FAST (not implemented)
- Guiding Good Choices
- Leadership and Resiliency Program

### **Community Impact on Implementation**

***Resources.*** Community readiness was an asset to the coalition. One ME came at a point in time when parents and schools were open to change.

***Constraints.*** While the schools bought into One ME, there was the sense among the coalition that the schools could have done more to prioritize and promote the programs once One ME began. Overall, the coalition reports few constraints within the community which impacted the implementation of model programs.

### **Approach to Implementation**

Unlike most of the One ME coalitions, One ME – One Portland did not coordinate and implement model programs. Rather, its partnering agencies were responsible for these tasks. This made sense given that the coalition is essentially a coalition of Portland-area social service agencies.

### ***Model Program Results***

#### **ALL STARS**

All Stars began in the Fall of 2003 and was implemented in four neighborhoods: Riverton Park; Kennedy Park; Front Street; and Sagamore Village. The program was discontinued after year one because it was not a good fit for the setting. Although One ME – One Portland implemented All Stars as an after-school program, the facilitators felt that the program was too academic for an after-school program.

## GUIDING GOOD CHOICES

One ME – One Portland was the only One ME coalition that was able to recruit a sufficient number of parents to allow for an evaluation of a model parenting program. The program showed positive results, specifically:

- A reduction in poor family management;
- Increased parent-child bonding, social supports and parental involvement in their child's schooling\*;
- A slight decrease in the use of alcohol;
- Fewer emotional\*, conduct\*, hyperactivity\* and peer relationship issues\* among their children; and
- An increase in pro-social behavior seen in their children.

In total, One ME – One Portland delivered Guiding Good Choices to 64 parents at three sites: Lincoln Middle School, King Middle School and Lyman Moore Middle School.

**Fidelity.** The changes made in the delivery of Guiding Good Choices were generally enhancements. There was one exception where part of a lesson was omitted.

Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	Added one session	Added a follow up session to check in with families on the new skills gained from the program, particularly whether or not they were having family meetings. The extra session also served to provide support for problems or issues families were experiencing.
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	Not all of lesson three could be covered in the allotted time	The section titled "Practicing with Pressure" was omitted. Facilitators referred parents to the workbook and recommended that they look over the material during the week.
Order of sessions	None	
Session frequency	None	

Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Materials or handouts	Each participant was given the workbook and brochures from Day One	To provide additional resources to parents.
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

**Implementation challenges.** Parents were resistant initially to the idea of holding family meetings. This hesitance lessened once they tried them out.

One of the Guiding Good Choices sessions allows parents and teens to participate together. Classroom space was a challenge during these sessions. The sessions needed extra attention in order to tailor them to meet the needs of adults and teens. The coalition notes that the facilitator needs to be experienced in group facilitation for these sessions in particular.<sup>19</sup>

#### **LEADERSHIP AND RESILIENCY PROGRAM**

This program was delivered to a unique population. The participants were residents of four neighborhoods in Portland with a large refugee population. Leadership and Resiliency was implemented as an after school program through PROP's Peer Leader program. It essentially replaced the All Stars program discussed above.

While 60 young people participated in the program, evaluation results are not available. Overall too few Youth Surveys were returned to evaluators. The evaluators met with one of the program leaders to discuss the cultural competence of the evaluation. It was difficult to administer the One ME surveys to populations for whom English is not the primary language.

**Fidelity.** Adaptations were made to the program for it to fit in with the Peer Leader program and because of fluctuating attendance.

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<sup>19</sup> One ME – One Portland Coalition Quarterly Report for the fiscal 2004 period.



Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	Varied	Attendance fluctuation due to school sports, family responsibilities, schoolwork and after school employment
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	None	
Order of sessions	Order of sessions varied	Peer Leader creates opportunities for youth to take leadership of activities. For this reason, the facilitators allowed for a great amount of flexibility in implementing LRP.
Session frequency		
Materials or handouts	None	
Setting	Implemented as an after school program	Implemented at PROP's Peer Leader sites
Intended population	None	
Instructor/participant ratio	None	

**Implementation challenges.** Facilitators were challenged by fluctuating attendance due to after-school activities, family responsibilities, school work and employment. This was a challenge because Leadership and Resiliency depends largely on a group dynamic that develops over the course of the program. The facilitators worked to overcome this by regularly revisiting the goals, expectations, priorities and intentions of Leadership and Resiliency. By the second round of implementation (Fall and Winter 2005), facilitators reported few barriers.

### ***Environmental Strategies Activities***

Communities Mobilizing for Change on Alcohol had begun to be implemented in Portland prior to One ME. The One ME – One Portland Coalition continued the effort. The coalition successfully enacted limits on smoking in public places, drug-free work and school zones and use policies. Other interventions include:

- Increased enforcement of laws related to underage drinking and furnishing alcohol to minors by the local police department;
- Conducted outreach to over 50 retailers;
- Ran a Sticker Shock campaign in more than 50 stores;
- Promoted a free online server training program;
- Collaborated with law enforcement to reduce areas where underage drinking occurs
- Created and aired three public service announcements;
- Presented at more than 20 community meetings;
- Conducted door-knocking to 1200 homes; and
- Held approximately 200 one-on-one meetings with community leaders and key stakeholders.

More detail of the coalition's environmental work is provided in the appendix.

### ***Sustainability of Model Programming***

***All Stars.*** This program was discontinued after the first year of implementation.

***Communities Mobilizing for Change on Alcohol.*** This program will continue to be implemented by Medical Care Development through a Drug-free Communities grant. A part-time CMCA position has been established within the City of Portland Public Health Division to work on city ordinances and other issues. The position is funded through OSA's Essential Substance Abuse Prevention Services grant.

***FAST.*** There are no plans to implement this program.

***Guiding Good Choices.*** The coalition is working with Day One to find funding to sustain this parenting program.

***Leadership and Resiliency.*** The coalition does not plan to continue LRP.

***Other.*** One ME – One Portland implemented a non-model program at Waynflete School which met the One ME evaluation team's criteria for evaluation, Kieve Leadership Decisions. Those criteria are that the program is manualized, has been replicated at other sites and has undergone previous evaluation.

Kieve Leadership Decisions had a positive impact on youth in three domains: individual/peer; school; and family. There were improvements in the following protective factors:

- Social skills;
- Belief in the moral order;
- School rewards for pro-social involvement;
- School opportunities for involvement;
- Family attachment; and
- Family rewards for pro-social involvement.

Improvements were seen in many risk factors as well.

- Low perceived risk of drug use;

- Attitudes favorable toward drug use;
- Rebelliousness;
- Intention to use drugs;
- Friends' substance use;
- Interaction with antisocial peers;
- Low academic achievement;
- Low school commitment;
- Parental attitudes favorable toward antisocial behavior; and
- Poor family management.

# Portland Partnership for Homeless Youth

## ***Coalition Description***

Through the One ME project the Portland Partnership for Homeless Youth addresses the alcohol and tobacco prevention needs of Portland youth 15 years and younger who are at risk of becoming homeless or who are already homeless. The program serves youth referred from Portland and its neighboring communities, which include Westbrook, South Portland, Cape Elizabeth and Scarborough.

Portland Partnership for Homeless Youth serves a unique population compared with other One ME grant recipients. This proved difficult in program selection as there are no model programs designed for homeless youth.

## ***Model Programs Selected***

- Brief Strategic Family Therapy

## **Community Impact on Implementation**

***Resources.*** The coalition coordinator and the coalition itself were the key resources which supported the implementation of Brief Strategic Family Therapy. The program is a therapeutic intervention requiring certain educational and clinical experience. Portland Partnership for Homeless Youth's One ME coordinator has the credentials and experience to supervise and implement the program.

The coalition itself is comprised of persons who work across different disciplines but who have direct experience with the population served by the coalition. Because of this, the coalition was in a position to make referrals to Brief Strategic Family Therapy.

***Constraints.*** The coalition faced a number of challenges related to One ME. First, there are no model programs designed for homeless youth or those at risk for homelessness or for their circumstances.

Second, Brief Strategic Family Therapy is a clinical intervention, unlike any other programs implemented through One ME which have a prevention focus. BSFT therapists typically are masters-level clinicians with at least three years of supervised clinical experience.

BSFT is a costly program compared with other model programs implemented through One ME. It is a one-on-one intervention and is designed for small caseloads. The program developer recommends a caseload of 20 cases for a full-time therapist. Portland Partnership for Homeless Youth did not have funding for a full-time clinician.

## **Approach to Implementation**

The program setting as designed is primarily an office setting. Because of the transient nature of the youth population served and the instability of the families, the coalition adapted BSFT to better fit the participants. The clinician held all sessions in the home of the families served.

BSFT is normally delivered using multiple clinicians. Due to budgetary and staffing constraints, one clinician implemented the intervention for Portland Partnership for Homeless Youth.

### ***Model Program Results***

#### **BRIEF STRATEGIC FAMILY THERAPY**

Because of the small number of participants served (16 youth and families), survey data are not available for Brief Strategic Family Therapy.

***Fidelity.*** The content and therapeutic sessions were delivered with fidelity; however, changes were made in how the intervention was implemented. The major changes are listed in the table below.

<b>Fidelity Component</b>	<b>Type of Change to the Original Design</b>	<b>Reason(s) for Change</b>
Number of sessions	None	
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	None	
Order of sessions	N/A	
Session frequency	None	
Materials or handouts	Audio taping not used	BSFT sessions are typically audio taped for the purposes of clinical supervision. Given that the coalition held the therapy sessions at client homes, audio taping was not feasible (or desired).
Setting	BSFT was delivered in the home of the participant rather than an office setting.	
Intended population	BSFT is designed for inner city, minority families and youth (particularly Hispanic and African American families).	The approach to engagement was changed to fit with Portland Partnership for Homeless Youth's population.

Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Instructor/participant ratio	BSTF is designed to be delivered by multiple clinicians. Portland Partnership for Homeless Youth implemented it with one clinician.	For funding purposes

**Implementation challenges.** One of the first hurdles in implementing the program was the cost of the training offered by the developer (\$18,000). In place of this training, the coalition coordinator purchased BSFT text books.

The population served by Portland Partnership for Homeless Youth presents challenges to programming. These are families and youth in crisis. This led to a 30 to 40 percent cancellation rate by families for the BSFT sessions.

### ***Sustainability of Model Programming***

Portland Partnership for Homeless Youth does not have funding available to continue Brief Strategic Family Therapy beyond the One ME grant. Two families who were participating in the program will be shifted to Homeless Youth Services' Youth in Need of Services program.

# **Prevention Coalition of Greater Waterville**

## ***Coalition Description***

The Prevention Coalition of Greater Waterville serves four area school systems: Waterville Public Schools; SAD 47; SAD 49; and School Union 52. The city of Waterville is located in central Maine and is surrounded by more than 30 small towns. This is one of the One ME super-coalitions. The coalition had the same One ME coordinator throughout the project, which facilitated relationship development within the community.

## ***Model Programs Selected***

- Communities Mobilizing for Change on Alcohol
- Lions Quest Skills for Adolescence
- Olweus Bullying Prevention Program
- Parenting Wisely
- SMART Team (not implemented)

## **Community Impact on Implementation**

**Resources.** One of the major community resources for the Prevention Coalition of Greater Waterville is the coalition itself. It is well-established and comprised of members who are readily available when issues arise. The coalition members were active in program planning and implementation. For example, they helped with program supplies, training, evaluation and ongoing resource needs.

Another resource to the coalition is its relationships with schools. These relationships were good prior to One ME and strengthened during the project. One of the reasons for this is that the coalition ensures that the relationships are reciprocal and that time is invested in the relationships. This is accomplished through frequent meetings and the sharing of successes and decision making.

Two other resources were important to the work of One ME: collaboration with Healthy Maine Partnerships and being positioned under the Greater Waterville PATCH umbrella.

**Constraints.** The only challenge to the One ME project within the community was in working with one organization that was not necessarily interested in collaboration.

## **Approach to Implementation**

The coalition obtained buy-in for the One ME model programs by making presentations to the relevant schools. To get programs up and running, the Prevention Coalition of Greater Waterville met frequently with schools and other organizations that were implementing the programs. The coalition arranged for the purchase of materials, for training and continued to be involved in ensuring commitment and fidelity.

## ***Model Program Results***

### **LIONS QUEST SKILLS FOR ADOLESCENCE**

One hundred four students participated in the Lions Quest program at Messalonskee Middle School. The evaluation of the program showed that the following risk factors were improved:

- Interaction with antisocial peers;
- Favorable attitudes toward antisocial behavior;
- Favorable attitudes toward drug use;
- Rebelliousness;
- Sensation seeking; and
- Low perceived risk of drug use.

An increase was also seen in two protective factors: self esteem and school opportunities for pro-social involvement. Improvements were noted in the proportions of students who reported that:

- Their parents tell them they are proud of something the young person has done;
- Parents are providing chances to do fun things with them;
- They enjoy spending time with their fathers; and
- Teachers are noticing when they do a good job.

***Implementation challenges.*** Throughout the implementation of Lions Quest, fidelity to the model was an issue. The coalition sought technical assistance from Lions International, but was disappointed in the response and overall lack of support available.<sup>20</sup>

### **OLWEUS BULLYING PREVENTION PROGRAM**

The coalition provided the Bullying Prevention Program to 1,595 students during One ME. Evaluation results are available for years one and two for Waterville Junior High School and for year two at Vassalboro Community School.

It is important to note that the pre and post survey results are difficult to interpret in the absence of process evaluation information and context. For example, in the first year of this program, it is likely that survey results may show an increase in bullying incidents. This does not necessarily mean that there are more incidents, however. Instead, students may be more aware of what bullying actually is after participating in the program for a year. Another example is that in the first year of the program, students may note an increase in teacher prevention of bullying. In the second year, teacher prevention may be perceived as less apparent because it is now part of normal business. It is for these reasons that the following results may seem confusing.

There are two years of evaluation results for Waterville Junior High School. In school year 2003-2004, the following was found:

- An increase in students telling someone about being bullied\*;
- An increase in the frequency of adult response to bullying\*;

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<sup>20</sup> Prevention Coalition of Greater Waterville's Quarterly Report covering Fiscal Year 2004.



- Students more likely to join in bullying\*;
- An increased reaction\* to and fear of bullying\*; and
- An increase in teacher prevention of bullying\*.

The results for the same school the following year were:

- A decrease in the frequency of teacher\* and other student response to bullying\*;
- Less fear of bullying\* and less teacher prevention of bullying\*.

The results at Vassalboro in the 2004-2005 school year indicate:

- An increase in being bullied\* and being the one who bullies\*;
- An increase in other students' response to bullying;
- An increase in parents contacting the school about bullying\*;
- Students being less likely to join in bullying\*; and
- A higher level of fear of bullying among students\*.

**Fidelity.** Two types of adaptations were made to the Bullying Program: shortening of sessions at one site to fit in the school schedule and enhancements (e.g., a guest speaker to reinforce anti-bullying messages and additional resource material).

Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	None	
Length of sessions	Sessions shortened at Lawrence Junior High School	To fit in school schedule
Content of the sessions (e.g., session or lesson plan)	Brought in a speaker each year to do an assembly	To reinforce the anti-bullying messages
Order of sessions	None	
Session frequency	None	
Materials or handouts	Provided additional resource material	
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

**Implementation challenges.** The biggest hurdle in the implementation of the program was school resistance to the One ME Youth Survey. Since the focus of the Olweus Bullying Prevention Program is unique, the coalition worked with evaluators to reduce the length of the Youth Survey while maintaining the portion of the survey developed specifically to evaluate bullying.

## PARENTING WISELY

While recruitment for parenting programs proved to be a barrier for almost all One ME coalitions, the Greater Waterville Prevention Coalition served 72 parents. Evaluation results are not available for Parenting Wisely.

**Fidelity.** In general, Parenting Wisely was implemented with fidelity. Some program scenarios were not included in the program.

Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	None	
Length of sessions	Four hour session	To fit into the parenting component of the Thumbs Up program
Content of the sessions (e.g., session or lesson plan)	Some scenarios were skipped	Scenarios were not used if not seen as relevant to participants
Order of sessions	None	
Session frequency	None	
Materials or handouts	Provided completion certificates	To recognize participants
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

**Implementation challenges.** The three major challenges associated with Parenting Wisely include recruitment, attendance and cost. As was seen across the State, recruitment of parents for the model parenting programs was difficult and labor intensive. At a few sites, this coalition chose to implement the program; however school guidance staff simply did not have the time it took to recruit participants. Two of the ways recruitment was successful was incorporating Parenting Wisely into an existing,

mandatory program (Thumbs Up) and having two “champions” for the program in one school in particular.

For those participants who did sign up to participate in Parenting Wisely, attendance was a challenge. It is difficult to get parents to commit to nighttime meetings. At one sight in particular, incentives were provided for attendance, which proved effective.

The program is an expensive resource, particularly because of the cost of materials and the difficulty in getting parents to participate.

### ***Environmental Strategies Activities***

The coalition began implementing Communities Mobilizing for Change on Alcohol in June of 2003. This was the first time that this strategy was employed in the Greater Waterville area. In the area of policy change, the coalition was able to enact limits on smoking in public places, pass underage drinking resolutions in four towns, work on school substance use policies and is working to enact regulations on alcohol advertising in the community.

Enforcement and information dissemination are also significant components of the Prevention Coalition of Greater Waterville’s work on environmental change. Examples of enforcement interventions and activities included:

- Enforcement of policies to reduce problems associated with underage drinking;
- Participation in workshops on compliance checks;
- Enforcement of underage drinking laws on college campuses;
- Citizen patrols in areas known for illegal drug sales; and
- Education of merchants about laws and penalties for selling to underage customers.

Social marketing, public service announcements, presentations at community meetings and schools are just some of the ways in which information was disseminated in the community. A full listing of the coalition’s environmental strategies is included in the appendix.

### ***Sustainability of Model Programming***

***Communities Mobilizing for Change on Alcohol.*** CMCA will continue through the Essential Substance Abuse Prevention Services and Drug-free Communities grants. The components of CMCA that will be sustained are:

- Boomerang;
- Statewide enforcement policies;
- Work on school substance abuse policies;
- Mentoring; and
- Kennebec Valley CORE Interagency Group Mental Health Collaboration.

***Lions Quest Skills for Adolescence.*** This program will be implemented in China Elementary School with Lions Club funds. It will not continue at Messalonskee.

***Olweus Bullying Prevention Program.*** Two grants, Essential Substance Abuse Prevention Services and Drug-free Communities, are funding the bullying program at Lawrence Junior High, Waterville Junior High, Vassalboro Community School and China Middle School. Two new components for the program are being funded as well: gender-specific approaches and intervention techniques.

***Parenting Wisely.*** Parenting Wisely resources will be available from the coalition's office location for use by community organizations and members.

## **River Coalition, Inc.**

### ***Coalition Description***

The River Coalition serves the neighboring communities that border the Penobscot and Stillwater Rivers in the central part of the state: Alton (816); Bradley (1,242); Greenbush (1,421); Milford (2,950); Old Town (8,130); and Orono (9,112). Orono and Old Town are adjacent to the University of Maine campus.

The River Coalition had a high rate of staff turnover relative to other One ME coalitions which appears to have impacted its achievement in implementing evidence-based programs.

### ***Model Programs Selected***

- Class Action (not implemented)
- Community Trials Intervention to Reduce High-risk Drinking
- Guiding Good Choices
- Reconnecting Youth (not implemented)

### **Community Impact on Implementation**

**Constraints.** River Coalition, Inc. is one of the One ME super coalitions. This structure proved to be a challenge in this instance, particularly because the relationship between the Orono and Old Town groups had not been in place prior to One ME. Community Trials Intervention was a means to work on the partnership and to help build relationships with schools and the community.

Like other One ME coalitions, River Coalition, Inc. found that Maine Learning Results requirements made it difficult to get model programs into schools.

The coalition sees a need for parenting programs in the community since parents often approach River Coalition for help. However, the coalition coordinator believes that the economics of the service area make implementing a program such as Guiding Good Choice difficult. Parents are often tied up with economic concerns (e.g., finding employment) rather than attending parenting programs.

**Resources.** River Coalition, Inc. struggled to get model programs up and running despite being a super coalition and the additional funding that designation provided. The Office of Substance Abuse held the coalition accountable for the lack of progress. This action led to the coalition re-assessing its approach to substance abuse prevention. The coalition developed a realistic, yet aggressive plan to implement programs.

### **Approach to Implementation**

The coalition staff learned through One ME that implementing programs is harder than it appears and decided to focus on a few things and do those well before taking on more. When One ME began, River Coalition, Inc. brought in money and relied on its community partners to implement programs with the funding. This approach was unsuccessful. The coalition's new approach is for the coalition coordinator to be more hands-on and active in providing support to the partners in getting the work done.

In the Fall of 2005, the coalition implemented Guiding Good Choices at Indian Island and Cross Roads Ministries. Together the two programs served 36 parents.

### ***Environmental Strategies Activities***

The River Coalition introduced Community Trials Intervention to Reduce High-risk Drinking into the communities of Alton, Bradley, Greenbush, Milford, Indian Island and Old Town in 2004. The focus of the environmental strategy is on policy change and enforcement of alcohol laws. Below are some examples of what has been accomplished through River Coalition's environmental work.

- Enacted school use policies;
- Conducted eight sting operations and established two sobriety checkpoints;
- Worked with the local police department to conduct drug searches in the high school;
- Formed a Core Strategic Committee with a local retailer to address concerns and problems with underage customers;
- Educated businesses about fake identification;
- Aired a public service announcement six times;
- Presented at five community meetings;
- Published seven letters to the editor; and
- Reached approximately 5,000 people through drug-free events.

More detail is shown in the appendix.

### ***Sustainability of Model Programming***

***Class Action.*** The coalition reports that this program was implemented once at Orono High School, but that the school is not interested in continuing the program in the future.

***Guiding Good Choices.*** This program is scheduled to become a permanent parent workshop. Six individuals have been trained as facilitators. IDHHS on Indian Island is sponsoring the workshops.

***Community Trials Intervention.*** The Juvenile Justice Diversion program is slated to become a permanent alternative to juvenile court. A draft manual has been completed, a volunteer list has been established and an officer and an Americorps/Vista have been trained. The coalition continues to work with its community partners to secure funding for the program.

***Reconnecting Youth.*** The program will become a permanent part of the curriculum at Old Town High School. Support from students has been obtained. Funding for Reconnecting Youth has been secured and materials have been purchased.

# River Valley Healthy Communities Coalition

## ***Coalition Description***

River Valley Healthy Communities Coalition had consistent leadership in the first two and one half years of One ME. The coalition serves the towns of Andover, Byron, Canton, Dixfield, Hanover, Mexico, Peru, Roxbury and Rumford. There are approximately 1,262 students in middle and high schools in the area's two districts.

The coalition had consistent leadership for One ME over the first two years and then experienced some staff turnover. The staffing changes did not appear to impact the coalition's work on One ME, primarily because the Executive Director was very involved in One ME efforts over the course of the project.

## ***Model Programs Selected***

- All Stars
- Community Trials Intervention to Reduce High-risk Drinking
- Guiding Good Choices

## **Community Impact on Implementation**

***Resources.*** The coalition sees people as its greatest resource. Within the River Valley, there exists a core group of community-minded people, both inside and outside of the coalition. This group seemed to have spurred interest in community betterment and set the stage for the One ME initiative to turn some of the momentum towards work with and for youth.

The coalition regularly works to identify unmet needs. It completed the required One ME Needs and Resources Assessment and also holds annual community forums. It saw the opportunity for One ME to address two unmet needs in particular: after-school programs and parenting programs.

***Constraints.*** The No Child Left Behind Act created a difficult climate in which to bring new programs into the schools. The River Valley Healthy Communities Coalition overcame this barrier through the delivery of model programming in an after-school setting.

Not unlike many other communities, there is a resistance to participation in parenting programs in the River Valley. While the coalition did not have an overwhelming number of participants for its Guiding Good Choices program, it did make strides in changing the resistance to these types of programs. This change is evidenced by the adoption of a parenting program by another community agency.

## **Approach to Implementation**

Given the community context in which River Valley Healthy Communities Coalition is implementing model programs, it took a "layered approach." The first step was to ask youth, local agencies and community members what they wanted and needed. The coalition did this through multiple venues and opportunities such as a Youth Resource

Team, a block party, making connections with law enforcement and a School Health Coordinator and conducting a neighborhood survey on safety and community involvement. The coalition built upon information gathered and upon its initial successes (e.g., the development of a teen center) to expand its connections with other community groups (i.e., Parks and Recreation). The benefit of this is seen by the current effort to work with Parks and Recreation Departments on the development of substance use policies.

In addition to the external resources built upon throughout One ME, the coalition used its internal resources and connections to problem solve. One example of this approach was seen in the planning for the implementation of All Stars. One school was unable to provide space for All Stars after school, so a coalition member connected with a local business to secure space.

This coalition's approach to the implementation of model programs can be summed up by the following: awareness, use and continued development of internal and external resources.

### ***Model Program Results***

In total, River Valley Healthy Communities Coalition provided the All Stars program to 54 students and served 21 participants in Guiding Good Choices. While there were adequate numbers of participants who took the Youth Survey for All Stars, the number for which pre and post surveys could be matched was too few to ensure statistically sound evaluation results.

In the absence of survey results, the coalition coordinator noted other indications of program effectiveness. She indicated that participant reactions led her to believe in the effectiveness of both All Stars and Guiding Good Choices. During the making of the All Stars video and at the end of the program celebrations, All Stars participants exhibited excitement, pride, growth and self-confidence. Some participants even participated in the second year of the program and served as leaders and mentors to first-time All Stars participants. Parents thanked the facilitators for the Guiding Good Choices program and indicated that they enjoyed the family meeting component in particular.

### **ALL STARS**

***Fidelity.*** The changes made in the delivery of the All Stars program by River Valley Healthy Communities Coalition can be generally categorized into two areas:

1. *Unavoidable modifications* – changes due to school scheduling; and,
2. *Enhancements* – incorporating elements of another model program, Guiding Good Choices, believed to be beneficial to participants and their families.

The following chart covers the implementation of All Stars in SAD 21 and 43.



Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	Fewer sessions (cancelled sessions were combined with later sessions)	School schedule and snow days
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	Lessons were combined; Participants did not make a video	Program and school schedule; snow days
	Final celebration included topics for family meetings (from Guiding Good Choices).	The addition of elements of Guiding Good Choices were seen as an enhancement for the benefit of families
Order of sessions	Order of two lessons were reversed (SAD 21).	Facilitator oversight
Session frequency	Three sessions were combined into one session.	Program and sports schedule; snow days; one session reserved for final celebration
Materials or handouts	Markers, stickers and other materials were used in addition to the All Stars materials.	To enhance the program by providing tangible skills and resources
	Guiding Good Choices books were given out to each family who attended the final celebration.	
Setting	None	
Intended population	None	
Instructor/participant ratio	Co-facilitators and a high school volunteer led the program in SAD 21.	
Other	Toward the end of one program cycle, the girl's class joined the boy's class for two sessions. This did not continue as the boys felt it was disruptive.	

**Implementation challenges.** Finding an available and appropriate location for implementation was initially difficult. In SAD 43, All Stars was conducted at a local arts business. This was considered an enhancement as it exposed students to an available resource in the community and it also allowed students who had been expelled from school to participate, as the program was held off of school grounds.

Transportation to attend programming is an issue in the rural areas of Maine. River Valley Healthy Communities Coalition partnered with a local transportation company to address this challenge.

Recruitment of participants for new programs was a challenge. River Valley Healthy Communities Coalition used the same strategies to recruit for its two model programs. These included sending flyers home with students, distributing flyers at the coalition's Monthly Network Meetings and at a local grocery store and publishing articles in the local newspaper announcing the programs. The coalition believes that the use of the media was most effective.

### **GUIDING GOOD CHOICES**

**Fidelity.** The only change to River Valley Healthy Communities Coalition's implementation of Guiding Good Choices was an enhancement. Additional resource materials (e.g., Maine Parent Kits) were provided to participants.

**Implementation challenges.** Parent commitment to attend multiple sessions was a challenge in River Valley Healthy Communities Coalition's implementation of Guiding Good Choices. In an effort to improve participation, the coalition offered Guiding Good Choices as a half day seminar rather than multiple sessions. Two parents signed up when it was offered this way.

### **Environmental Strategies Activities**

The coalition began Community Trials Intervention to Reduce High-risk Drinking in August 2003. Its focus was on policy change, enforcement of alcohol laws and information dissemination. The following are examples of the intervention and activities conducted as part of environmental strategies:

- Enacted limits on smoking in public places;
- Passed two town resolutions regarding substance use;
- Educated 55 law enforcement officers;
- Increased retailer support of compliance with laws on serving alcohol to minors;
- Reached thousands of people through drug-free events;
- Published newspaper columns on penalties for furnishing to minors; and
- Participated in a Sticker Shock campaign.

### **Sustainability of Model Programming**

The coalition's Sustainability Action Plan contains concrete steps and timelines to continue its three model programs and to implement two additional model programs within the River Valley community. The Action Plan is supported by an existing infrastructure: the coalition itself; its Monthly Network Meetings; and relationships with community agencies and programs. New grants, such as the 21<sup>st</sup> Century Community

Learning Center Grant, have been secured to continue programming. Following is a description of those efforts and plans to continue model programming.

**All Stars.** A 21<sup>st</sup> Century Grant is to provide funding for the implementation of the program once per school year in SAD 21. The same grant will support the program once each year in SAD 43 as an after-school program.

**Guiding Good Choices.** Like All Stars, the 21<sup>st</sup> Century Grant will provide funding for the implementation of Guiding Good Choices once per school year in SAD 21 and 43.

**Community Trials Intervention.** Through its implementation of this environmental strategy, the coalition has achieved and/or has plans to implement policy changes, has trained community members to continue training others in enforcement efforts and has plans in place to further develop resources to assist with Community Trials Intervention.

**Other.** The coalition is exploring another model program, Family Matters.

# Sebasticook Valley Healthy Communities Coalition

## ***Coalition Description***

Sebasticook Valley Healthy Communities Coalition serves 11 rural towns within three school administrative districts. The service area encompasses the corners of three counties: Somerset, Penobscot and Waldo. The school districts in the area include MSAD 53 which serves Pittsfield, Detroit and Burnham; MSAD 48, serving Hartland, Newport, Palmyra, Plymouth, St. Albans and Corinna; and MSAD 38 which serves Etna and Dixmont. According to the 2000 Census, the area's combined population is 20,273.

The coalition, formerly called Voices in Action, was led by one person throughout One ME. She sees this consistent leadership as beneficial because One ME required outcomes in a relatively short amount of time. The coordinator feels that much of the coalition's success is based on relationships that were in place prior to One ME which allowed for community mobilization and a relatively quick startup of programming. A coordinator coming to the job in the middle of One ME may not have had the necessary relationships in place.

## ***Model Programs Selected***

- Across Ages
- Communities Mobilizing for Change on Alcohol

## ***Community Impact on Implementation***

**Resources.** Sebasticook Valley Healthy Communities Coalition had two primary resources which helped in the implementation of Across Ages: schools and the program developer. The school districts had been represented on the coalition before One ME and continued to participate. The schools were supportive of One ME and eager for Across Ages. There was the general sense that the program would address the lack of connectedness among youth to school, adults and the community as a whole.

The Across Ages developer provided excellent training to Sebasticook Valley Healthy Communities Coalition and continued to be available to provide technical assistance.

Other resources to the coalition were relationships with Healthy Maine Partnerships (HMP) and a positive working relationship with the local media.

**Constraints.** While the working relationship with HMP was a resource during One ME, it was a challenge at the start of the project. There was initial confusion around goals of One ME and HMP since both funded work on tobacco prevention. The confusion was overcome by investing time in the relationship with the HMP staff.

Staffing for One ME was another constraint. The coalition experienced turnover of youth coordinators; the coordinators are the ones to plan and implement Across Ages. Time was also seen as a barrier, as Sebasticook Valley Healthy Communities Coalition funded the coordinator position on a part-time basis rather than full-time.

To some extent, bureaucracy was seen as a barrier. The coalition's fiscal agent for One ME was Seabasticook Valley Hospital. The coordinator feels that having a school as fiscal agent would have been more efficient for Across Ages since it is school-based.

### **Approach to Implementation**

Seabasticook Valley Healthy Communities Coalition paid youth coordinators to implement Across Ages. The program has a mentoring component, so the youth coordinator was responsible for recruiting mentors as well as program participants. The coalition was provided a list of recruitment ideas from program developer. The recruitment strategies used by the coalition included:

- Media (want ads and local access TV);
- Presentations to school boards (in turn, the board members referred mentors to the coalition);
- Meetings with town managers who referred community members to the coalition;
- Strategic presentations to attract mentors ages 55 and older (e.g., bingo night);
- Participation in health fairs; and
- Networking with municipalities.

Overall, the schools were the most effective recruiters.

Students were selected by school personnel to participate in Across Ages. Each child selected met one-on-one with the youth coordinator to determine interest in participation. By December 2005, the coalition had delivered Across Ages to 71 students.

### **Model Program Results**

#### **ACROSS AGES**

Too few surveys were completed and returned to evaluators to determine effectiveness with certainty, but the data that was received was analyzed since the program was implemented in just two locations in the State. Improvements were seen on the following risk and protective factors:

- Low perceived risk of drug use;
- Friends' use of substances;
- Rewards for conventional involvement;
- Family rewards for pro-social involvement; and
- Low neighborhood attachment.

In addition to survey results, the coalition tracked school behavioral incidences and attendance. It found a three percent decline in behavioral incidences and decreased absences. All participants who began the program in February of 2004 returned to the program the following school year.

**Fidelity.** The coalition did not use only mentors over the age of 55. The coalition did not want to turn interested people away because it wanted to generate community interest in Across Ages and in mentoring in general.

Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	None	
Length of sessions	Shortened the length to 45 minutes	To fit in school schedule
Content of the sessions (e.g., session or lesson plan)	Conducted mentoring component in a group setting.  Added a team-building activity	The community covers a large geographic area; the school provided a central location  To build trust between facilitator and participants
Order of sessions	None	
Session frequency	None	
Materials or handouts	Added materials from Maine youth conferences; did not use videos	Videos thought to be outdated
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

**Implementation challenges.** One challenge in implementing Across Ages is that the coalition conducted background checks on all mentors. This was an unanticipated cost to the coalition.

Overall, the coordinator believes that Across Ages is the right program for Sebasticook Valley Healthy Communities Coalition's service area. In particular, the mentoring and community service components address the lack of connection among youth. Additionally, the program provided a means to partner with the schools on prevention and intervention.

### **Environmental Strategies Activities**

Sebasticook Valley Healthy Communities Coalition implemented Communities Mobilizing for Change on Alcohol.<sup>21</sup>

<sup>21</sup> The coalition did not submit an Environmental Strategy Data Collection Form to the evaluation team, therefore, details of CMCA are not available.

### ***Sustainability of Model Programming***

***Across Ages.*** This program will not continue to be provided, however the coalition is working to maintain the mentoring component of Across Ages.

***Communities Mobilizing for Change on Alcohol.*** The coalition's work on environmental strategies will continue beyond One ME through a task force. This task force is made up of representatives from 13 communities.

## **South Portland CASA**

### ***Coalition Description***

South Portland CASA serves the City of South Portland which has approximately 23,000 residents. The coalition had two coordinators over the course of One ME. The transition was eased by: 1) the first coordinator having all the programs in place prior to her departure; and 2) the next facilitator having been a One ME coordinator for ACCESS Health.

### ***Model Programs Selected***

- Guiding Good Choices
- LifeSkills Training
- Parenting Wisely
- Reconnecting Youth

### **Community Impact on Implementation**

**Resources.** With two of the model programs being school-based, the coalition's relationship with the South Portland School Department was a key resource. The school Superintendent has been an active coalition member for many years.

**Constraints.** Like the many other One ME coalitions that selected model parenting programs, recruitment of participants proved to be a challenge.

### **Approach to Implementation**

South Portland CASA recruited facilitators and participants for its programs in the following ways:

- The One ME – One Portland coalition referred experienced Guiding Good Choices facilitators to South Portland CASA. The program was held at the Boys and Girls Club. Parents were recruited through school newsletters, an ad in the local newspaper, flyers throughout the community and through the school guidance staff. It was the school newsletters which brought in the most parents.
- LifeSkills Training was delivered to students at Memorial and Mahoney middle schools as part of the curriculum.
- The coalition coordinator and a school social worker teamed up to deliver Parenting Wisely. To recruit parents for the program, the social worker personally called parents. This was more effective than the recruitment ad placed in the newspaper.
- The coalition trained two Reconnecting Youth facilitators to administer the program and participation was required for students referred through the guidance counselors at South Portland High School.



## **Model Program Results**

### **GUIDING GOOD CHOICES**

One ME Parent Survey results are not available because there were too few surveys returned. The coordinator believes Guiding Good Choices is an effective program because: there were some parents who attended more than one implementation of the program; there were few parents who attended the initial session and then dropped out; and, parents went home, held family meetings and reported that these were positive experiences. The coalition did not adapt the Guiding Good Choices curriculum except that additional materials were provided to participants as resources. Twenty parents participated in the program.

### **LIFE SKILLS TRAINING**

The implementation of LifeSkills Training by South Portland CASA is particularly interesting because it was first implemented during a time when there was no One ME coordinator. In total, more than 300 students participated in the program in two middle schools, Memorial and Mahoney.

The program showed positive results when it was implemented in the 2004-2005 school year. In particular, these risk and protective factors improved:

- Social skills\*
- Belief in the moral order\*
- Self-esteem\*
- Low perceived risk of drug use\*
- Rewards for antisocial behavior
- Intention to use drugs
- Attitudes favorable toward drug use
- Friends' substance use
- Interaction with antisocial peers
- Sensation seeking

**Fidelity.** Besides adaptations made to fit within the school schedule and some supplemental sessions, South Portland CASA implemented LifeSkills with fidelity.

Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	None	
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	Added videos on tobacco and alcohol	To supplement sessions

Component	Type of Change to the Original Design	Reason(s) for Change
Order of sessions	None	
Session frequency	Sessions held on alternating days for one semester	To fit with school schedule
Materials or handouts	None	
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

## PARENTING WISELY

Parenting Wisely was implemented in May 2005. Sixteen parents participated in the two sessions. While survey results are not available, the coordinator sees value in the program. All of the parents who attended the first session returned for a second. They asked for more parenting programs, showed enthusiasm, actively participated in discussion and seemed happy to have found other parents with whom to discuss parenting issues.

**Fidelity.** The adaptations to Parenting Wisely included shortening the program and providing additional resources to the participants.

Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	Held two sessions with a group of parents	
Length of sessions	Sessions were two hours	To cover the material over the course of two sessions
Content of the sessions (e.g., session or lesson plan)	Covered one-third of the scenarios	To spend more time on discussion
Order of sessions	None	
Session frequency	None	

Component	Type of Change to the Original Design	Reason(s) for Change
Materials or handouts	Did not use Parenting Wisely workbook	To provide additional resources to participants
	Gave participants a list of community resources	
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

## RECONNECTING YOUTH

South Portland CASA delivered the Reconnecting Youth program to ten students at South Portland High School beginning in January 2004. The small class sizes necessary for the program make it challenging to have adequate pre and post survey data from which to draw conclusions about its effectiveness. For this reason, South Portland CASA's Reconnecting Youth survey data were combined with Building Communities for Children's data. The survey data show positive change over the course of the program on the following protective and risk factors:

- Increased self-esteem;
- Reward for anti-social behavior;
- Rebelliousness;
- Interaction with anti-social peers; and
- Sensation seeking.

Additionally, small improvements were seen in the previous 30-day use of smokeless tobacco and marijuana among the program participants.

**Fidelity.** The only adaptation to the program was in the order of the sessions.

Component	Type of Change to the Original Design	Reason(s) for Change
Number of sessions	None	
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	None	

Component	Type of Change to the Original Design	Reason(s) for Change
Order of sessions	Started with the interpersonal relationship sessions	Facilitator thought it is important to work on interpersonal relationships throughout the semester, not just at the end
Session frequency	None	
Materials or handouts	None	
Setting	None	
Intended population	None	
Instructor/participant ratio	None	

### ***Sustainability of Model Programming***

The coalition would like to sustain all four model programs, but needs funding for supplies and facilitators. The coalition coordinator is working with the school superintendent and principals to secure funding.

# Waponahki Prevention Coalition

## ***Coalition Description***

The Waponahki Prevention Coalition consists of and serves the five federally-recognized tribal populations in Maine: the Passamaquoddy Tribe at Indian Township, the Passamaquoddy Tribe at Pleasant Point, the Penobscot Indian Nation at Indian Island, the Houlton Band of Maliseet Indians and the Micmac Nation. This coalition is one of the One ME super coalitions. One ME represents the second time that the five tribes have worked together. The first collaboration was for the implementation of the Indian Health Centers.

## ***Model Programs Selected***

- Creating Lasting Family Connections
- LifeSkills Training
- Parenting Wisely
- Positive Action
- STARS for Families

## ***Community Impact on Implementation***

***Resources.*** Waponahki Prevention Coalition distributed the One ME funding evenly among the five sites. This was not only a practical solution to get programs up and running, but it also facilitated the tribes working together. The even distribution took away any potential for disputes over the funding.

Existing community and recreation centers were an important resource, providing a setting for program delivery.

***Constraints.*** Native Americans have historically experienced discrimination in the communities surrounding the tribes. This presented a challenge in having to conduct an assessment of community needs and resources. Some within the tribes were not interested in resources in the surrounding communities. The coalition coordinator led the effort to speak with community members, which opened up opportunities for collaboration.

Waponahki Prevention Coalition took a de-centralized approach to the assessment of needs and resources. Rather than the coalition coordinator leading the effort, the five site coordinators did the assessments. Two of them were not thorough which may have impacted program selection and implementation.

Geography also impacted program implementation. The youth in the various tribes attend different school systems. To deliver programs to the intended population, the coalition had to provide transportation to and from sessions for two of the model programs.

Finding program facilitators was a challenge initially. Historically the tribes have hired staff internally. The coalition coordinator believes there is a shortage of educated staff to

work with youth. One ME brought new training and learning opportunities around substance use prevention to the different tribes.

Lastly, socioeconomic factors were a challenge to implementing programs under One ME. The coordinator cited high rates of drug abuse, family disorganization and violence, as compared with other One ME coalitions.

### **Approach to Implementation**

Waponahki Prevention Coalition served five tribes in geographically different locations. For this reason, rather than have one coordinator for One ME, the coalition hired five site coordinators. It was these site coordinators who were responsible for the recruitment of participants, logistics of program implementation and program facilitation.

### **Model Program Results**

Due to low numbers of participants, survey data are available for just one of the five programs implemented by Waponahki Prevention Coalition (LifeSkills Training).

### **CREATING LASTING FAMILY CONNECTIONS**

The coalition delivered this program to 30 youth. The program participants were recruited through flyers and word-of-mouth. Incentives were offered as well.

**Fidelity.** Overall, Creating Lasting Family Connections was not delivered with a high level of fidelity. The following chart covers the adaptations made during the implementation of Creating Lasting Family Connections at Pleasant Point.

<b>Fidelity Component</b>	<b>Type of Change to the Original Design</b>	<b>Reason(s) for Change</b>
Number of sessions	Added sessions	To incorporate additional resources and practice skits
Length of sessions	None	
Content of the sessions (e.g., session or lesson plan)	Half of the content was delivered as designed; the other half was decided upon by the youth.	To make the program more interesting to participants
Order of sessions	Every other session was a planned session (that is, one of the CLFC sessions)	To make the program more interesting to participants
Session frequency	Met less frequently in July and August	To accommodate other youth activities

Fidelity Component	Type of Change to the Original Design	Reason(s) for Change
Materials or handouts	Added workbooks and other information about prevention	To provide additional resources
Setting	None	
Intended population	Did not deliver program components to parents	
Instructor/student ratio	None	

### **LIFE SKILLS TRAINING**

LifeSkills Training was implemented at Indian Township, reaching 74 youth. The facilitator reports no adaptations to the program. One ME Youth Survey results showed that two protective factors increased among participants: belief in the moral order\* and social skills. Positive change was seen on the following risk factors:

- Early initiation of drug use;
- Favorable attitudes toward antisocial behavior;\*
- Favorable attitudes toward drug use;
- Friends' use of drugs;\*
- Interaction with antisocial peers;
- Low perceived risk of drug use;
- Rebelliousness; and
- Rewards for antisocial involvement.\*

In addition to the positive survey results, the coalition coordinator liked the program because the facilitator enjoyed implementing it and the youth seemed to enjoy the activities, even those that had to be done at home.

### **PARENTING WISELY**

Parenting Wisely was delivered to seven parents at Indian Island. The program was implemented as a one-on-one, three hour intervention. It was delivered as designed, that is with fidelity.

**Implementation challenges.** Recruitment for Parenting Wisely proved to be a challenge. The coalition tried the following approaches:

- Recruiting tribal employees to participate during work hours;
- Recruiting through the Cooperative Extension;
- Asking the school board to implement Parenting Wisely as part of school open house; and
- Asking a judge to consider mandating the program for some families.

None of the approaches used to recruit participants worked particularly well.

Like Community Voices, Waponahki Prevention Coalition had problems with the program materials (i.e., defective CDs).

### **POSITIVE ACTION**

Positive Action was implemented with fidelity as an after school program in the Micmac community center. In total, 19 youth participated. While survey results are not available for this program, parents reported seeing an improvement in the attitudes of youth participants, facilitators observed youth interacting more respectfully with peers and elders and saw improvements in school performance.

### **STARS FOR FAMILIES**

This program was implemented by the Houlton Band of Maliseet Indians. Participants were recruited through flyers. Incentives such as meals and prize drawings were provided. The program was implemented without adaptations and, in total, reached 40 youth and families. Like other coalitions that selected STARS for Families, evaluation results are not available. Parents and grandparents did report, however, that the program provided them with an opportunity to engage youth in discussion.

### ***Sustainability of Model Programming***

***Creating Lasting Family Connections.*** Plans for the sustainability of this program at Pleasant Point are under consideration by the coalition.

***LifeSkills Training.*** If the coalition can find funds for training and supplies, it intends to have LifeSkills Training as a permanent part of the Indian Township curriculum for grades six through eight.

***Parenting Wisely.*** Sustainability of Parenting Wisely on Indian Island is in the discussion phase. The coalition is offering it to Corporate Exchange Education and to Tribal Judges.

***Positive Action.*** The goal of the Waponahki Prevention Coalition is to incorporate Positive Action into the Micmac after school program utilizing funds from the Department of Education.

***STARS for Families.*** This model program is slated to become part a permanent part of the Maliseet after school program. This is contingent upon locating new grant funding or the utilization of existing grant funds. Staff training on the implementation of the program is part of the sustainability plan as well.



## **Youth Promise**

### ***Coalition Description***

Youth Promise serves communities within MSAD 40. Towns included in this area are Friendship, Union, Waldoboro, Warren and Washington. The total population for these areas is 15,610.

The coordinator was with One ME almost from its inception. He sees the consistency of the coordinator as critical, especially for Youth Promise as the coalition membership fluctuated over the course of the project.

### ***Model Programs Selected***

- Communities Mobilizing for Change on Alcohol
- Positive Action
- Responding in Peaceful and Positive Ways (not implemented)
- SMART Team
- Too Good for Drugs

### **Community Impact on Implementation**

***Constraints.*** The biggest challenge Youth Promise experienced involved the changes in school district personnel (superintendents, principals and business managers) that occurred during One ME. This issue was critical given that the coalition selected three school-based model programs.

***Resources.*** While staff turnover in MSAD 40 reportedly delayed the implementation of Positive Action and Too Good for Drugs, the schools are also viewed as the coalition's biggest resource. The coalition coordinator invested time in his relationship with school administrators and in "selling" the model programs to them. The administrators in turn promoted the programs to the teachers. It is the teacher support for the model programs that allowed Youth Promise to ultimately deliver the two programs in multiple schools.

### **Approach to Implementation**

Because Positive Action and Too Good for Drugs were implemented in schools, the teachers handled the logistics of implementation. In the latter part of 2004, Positive Action began in Miller, Prescott Memorial, Union Elementary, Friendship Village and Warren Community Schools. It was implemented as part of the homeroom period, so all 5<sup>th</sup> and 6<sup>th</sup> graders participated. Too Good for Drugs was implemented in two middle schools, A.D. Gray and D.R. Gaul, in January 2005.

### ***Model Program Results***

Outcome results are not available for either Positive Action or Too Good for Drugs. While the number of participants was sufficient to analyze and report results, post-surveys were not returned to evaluators.

## **POSITIVE ACTION**

The coordinator sees school principal buy-in to the program as evidence that Positive Action is a good program. Teachers also noted positive behavior changes among the participants.

In total, 96 students participated in Positive Action in school year 2004 – 2005.

**Fidelity.** The one change to Positive Action was a reduction in the number of sessions (from 30 to 24 sessions). This adaptation was made based on the school schedule.

**Implementation challenges.** Some teachers feel that Positive Action is geared too much toward an urban school setting even though the program is advertised as appropriate for urban, suburban and rural areas. Feedback to this effect was provided to the program's developers.

## **SMART TEAM**

The SMART Team program was selected late in the One ME project; therefore, there is no evaluative information available for it.

## **TOO GOOD FOR DRUGS**

While the Youth Promise coordinator reports this program being delivered to 7<sup>th</sup> and 8<sup>th</sup> graders in two schools, KIT Solutions shows no participants. The coordinator reports that there were no adaptations made to this program.

## ***Environmental Strategies Activities***

Youth Promise was successful with its CMCA program at enacting the following:

- Limits on smoking in public places;
- Regulations on alcohol or tobacco advertising in the community; and
- A zero tolerance alcohol policy.

Youth Promise also focused on enforcement as part of CMCA. The coalition worked with law enforcement to conduct four sting operations and to target three areas known for illegal drug sales.

## ***Sustainability of Model Programming***

Youth Promise plans to continue two model programs, CMCA and Positive Action.

***Communities Mobilizing for Change on Alcohol.*** There are plans for the environmental strategies work started under One ME to continue through an area school health coalition. It is expected that this coalition will take over the necessary pieces of Youth Promise's CMCA strategy team and One ME coalition to continue the momentum of CMCA.

**Positive Action.** The coalition is working with two schools to continue to implement Positive Action.

**Responding in Peaceful and Positive Ways.** Youth Promise did not implement this program through One ME and does not have plans to implement it in the future.

**SMART Team.** Youth Promise does plan to continue to utilize this computer-based program.

**Too Good for Drugs.** Youth Promise does not have plans in place to sustain this program.

**Other.** Youth Promise is working with Medomak Valley High School to explore the implementation of SMART Team. This model program is a multimedia software program designed to teach violence prevention to students.

## **Lessons Learned**

### ***Planning and Implementing Programs***

#### **Readiness**

A comprehensive look at community readiness is key to successful program implementation. Coalitions need to look carefully at the organizations, institutions, target populations and the staffing resources available. While the assessment phase of One ME required that coalitions consider community readiness, it may have been too cursory. Some coalitions found that schools were not necessarily ready to implement prevention programs even though they had made the commitment at the start of the project through a Memoranda of Understanding (MOU). Many of the One ME grant applications included MOUs with schools, not only to participate in MYDAUS, but to actively work with the coalitions to implement programs. MOUs with schools were somewhat ineffective, particularly when there was a change in administration.

The readiness of the target population must also be assessed. The best example of this would be the parenting programs selected for implementation. In most coalition service areas, parents were not ready to participate in group parenting education programs.

Coalitions need to start small if the prevention infrastructure is not yet in place, not taking on more programs or too big of a service area initially. They need to carefully consider staffing and other resources.

#### **Piloting Programs**

In some cases, pilot testing of programs proved a useful strategy. Two One ME coalitions piloted programs and were able to make more informed decisions about whether or not to further invest time and resources into the programs. After the pilot test is it important to ask at a minimum:

- What does the target population think of the program?
- Is the program duplicative of an existing program or portion of a curriculum?
- What are the barriers?

If more One ME coalitions had piloted programs very early in the grant, resources may have been put to better use. Some programs that were implemented served very few people.

There are pluses and minuses to piloting. Many grants are relatively short-term and require certain outputs and outcomes. This must be weighed against the benefits of testing something out in a community and refocusing resources if necessary.

## **Working with Schools**

For many coalitions, relationships with schools were crucial to successful implementation of model programs. One ME coalitions quickly learned how difficult it is to incorporate a new program into a school curriculum. For some this meant delaying the start of a program until year two of the project, for others it meant being very creative in finding a place in the school day (e.g., study hall periods) and for others it meant not implementing the program at all. The coalition coordinators identified these keys to working with schools:

- Consult with schools prior to selecting programs to determine fit into and with existing curriculum;
- Involve those within the school who will be responsible for coordinating and/or implementing programs as early as possible;
- Engage a liaison *within* the school;
- Demonstrate the benefits of the programs to schools (e.g., share the program's research and evaluation results and explain how the program fits with Maine Learning Results, if applicable); and
- Develop reciprocal relationships with schools – offer them something in return for implementing programs.

## **Environmental Strategies**

Environmental strategies by their very nature are different in each community. Neither the evaluation team nor OSA provided a structured way of monitoring these strategies to ensure that they fit logically with the needs of the communities. Some coalitions were very comprehensive with their environmental approaches. Others seemed to employ strategies that were familiar and easy to implement.

Overall, the coalitions implementing CMCA and CTI had representation from all community sectors. Those who have colleges in their service areas engaged those institutions in their work. Many One ME coordinators were part of the statewide Alcohol Policy Workgroup, allowing for communication and collaboration with State organizations. The one sector that was not engaged to a large extent is for-profit organizations, with the exception being local alcohol merchants.

Besides the array of policy change, enforcement and information dissemination activities, most One ME coalitions made some progress in aligning local resources to address youth access to alcohol. These efforts included increasing communication and collaboration among local organizations and sharing funding and other resources.

Environmental strategies were a One ME success in terms of sustainability. Sixteen of the 23 coalitions did environmental work and 14 of those coalitions have definitive plans to sustain it. Those sustaining their work are doing so through federal Drug-free Communities grants, State Essential Substance Abuse Prevention Services and funds from the US Department of Education. The environmental work in two coalition service areas will be taken on by organizations within the community (i.e., law enforcement agencies and schools) and one coalition plans to fund CMCA through fundraising efforts.

## Model Programs

One of the lessons learned from One ME is that there are some programs which are very costly to implement, specifically STARS for Families, Brief Strategic Family Therapy and the three programs aimed at parents (Parenting Wisely, Guiding Good Choices and Creating Lasting Family Connections). One component of STARS for Families, the mailing of *Key Facts* postcards to parents, is a low-barrier way of reaching parents and intended to be low cost. While this is the intent, two coalitions found the mailings to be expensive. A second component of the program is very costly because it requires a 20-minute consultation with a nurse or other health care provider. Of all the programs implemented through One ME, Brief Strategic Family Therapy was the most expensive. The cost of training by the developer starts at over \$7,000.00. The program developers strongly recommend that the program be delivered by a Master's level counselor with a degree in social work or marriage and family therapy.<sup>22</sup> However, since this program was not designed as a prevention strategy, it probably would not be used again anyway. The three parenting programs mentioned above proved costly in Maine due to the staffing resources and time needed to recruit parent participants.

Most programs served relatively few youth and parents. There are some, however, which served large numbers because they were implemented school-wide or across an entire grade. These are Olweus Bullying Prevention Program, Lions Quest, LifeSkills Training, Project SUCCESS, Class Action and Project Toward No Drug Abuse. All but one, Class Action, had positive evaluation results.

One of the complaints from coordinators was the lack of programs for high school age youth. Class Action served a large number in one school, yet evaluation results were mixed. Leadership and Resiliency and Reconnecting Youth are for high school students as well. Both are targeted toward high-risk youth; both had positive evaluation results.

In general, those programs with positive evaluation results were implemented with a high degree of fidelity. By far the most common adaptations to the models were time and schedule changes to fit in with a school schedule. Many coalitions provided additional resources to program participants. This was especially true for the parenting programs. The developers for two programs in particular, Leadership and Resiliency and Across Ages, were very involved in assisting coalitions to make their programs fit into Maine communities. Leadership and Resiliency was successfully implemented in four communities. Across Ages proved a bit more challenging. It is a comprehensive program which seems to require more time to fully implement than some others.

The All Stars program was implemented in two settings, in school and as an after-school program. When implemented in school, it was implemented with a higher degree of fidelity. Facilitators of the after-school delivery of All Stars felt they needed to add to the program to make it work, that is, to make it "less like school." Two coalitions did this through art programs. All Stars showed positive results with this adaptation for one of the coalitions (evaluation results are not available for the other coalition).

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<sup>22</sup> Source: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, SAMHSA Model Programs, <http://modelprograms.samhsa.gov>.

There is a general sense among coalition coordinators that CSAP has not done enough to ensure that its model programs are culturally competent. Many coalitions felt that the models were designed for urban settings and necessitated adaptations for a rural setting, even though program literature said it was applicable across settings. Coalitions in the more urban settings were concerned that the model programs (e.g., All Stars) were not a good fit for non-white youth. This created some challenges for coalitions, especially those who were particularly concerned with implementing programs with fidelity.

## **Parenting Programs**

One ME coalitions found that recruiting for parenting programs is very labor-intensive. In recognition of the challenges coalitions were facing early on in One ME, Hornby Zeller Associates convened a group of coalition coordinators in the spring of 2004 to discuss the challenges of implementing Parenting Wisely, Guiding Good Choices and Creating Lasting Family Connections. The following recruitment strategies resulted:

- Know your audience. Who are you recruiting? What do they like? What do they dislike? What are their needs? How do they spend their time? Where do they spend their time?
- Create a press release or distribute other marketing materials such as flyers, posters and newspaper ads. Include pictures and information about the location, facilitators and other attractive aspects of the program.
- Present the program in a positive light rather than marketing it as a program to “fix” poor parenting skills.
- Make it fun and worth their time to participate. Use incentives, have food (e.g., “dine and discuss”) or offer gift certificates from local establishments for parents’ participation.
- Explore whether or not the program can be incorporated into existing parenting programs.
- Enlist the help of parents and parent groups, youth organizations (e.g., Big Brothers/Big Sisters and YMCA), employers, community Adult Education civic groups and organizations that offer parent programs.
- Go to where parents spend their time, for example: workplaces; community centers; churches; and school events.
- Do not run programs in the summer, around holidays or at the beginning or end of sports’ seasons.<sup>23</sup>

Even with extensive recruitment efforts, most coalitions who selected programs targeting parents had little success in getting them to actually attend the sessions. While there was only a small number of participants in Parenting Wisely, Guiding Good Choices and Creating Lasting Family Connections on a statewide basis, program facilitators received positive feedback from those who participated. Parents seemed eager for information on parenting. They returned for a second round of the program in some cases and in a few instances formed groups which would allow them to continue to meet once the program ended.

Most coalitions will not sustain parenting programs because they weighed the effort and associated costs of recruitment and implementation with the numbers of parents served and decided the programs are not a good use of prevention resources.

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<sup>23</sup> Source: Tip Sheet: Parent Recruitment, produced by Hornby Zeller Associates, Inc., May 2004.

### ***The Coalition Coordinator***

For One ME, the most important factor in the success of coalitions may have been the coalition coordinator, not the title, but the characteristics and skills of the person in that position. A key characteristic of a successful coordinator is a commitment to the intent of the grant, in this case, a commitment to implementing model programs. Inherent in this commitment is the willingness to try a new approach rather than use the funding to continue “business as usual.” Other characteristics and skills that were important to One ME were credibility with various community sectors, assertiveness and knowing how to “sell” and promote programs and the importance of prevention to the community. Recognizing that it is necessary for relationships with individuals and organizations to be reciprocal for them to be productive was also important.

Some coalitions had the same coordinator throughout One ME. Did the consistency in leadership matter? There does not appear to be a clear connection between success and consistency of leadership. Some may argue that maintaining the same coordinator over time is crucial to community relationships, but for the more successful One ME coalitions it was the coalition’s relationship with other community organizations which seemed to matter more than an individual’s relationship with them. Again, success of One ME at the local level is largely dependent on who the coordinator is and what they bring to the job rather than how long they are in the coordinator role.

### ***The Coalition***

For One ME, coalition members for the most part were instrumental in the community assessment of needs and resources, planning for implementation and linking the coordinator up with contacts and resources within the community. Most members had little to do with actual implementation. Some coalitions left that up to the coalition coordinator while others distributed funds to community partners to implement programs. In some cases this latter arrangement was unsuccessful. Coalitions assumed that a certain funding level would buy the resources necessary to implement programs. Some found that the partnering organizations did not have the commitment, expertise or staffing needed for the job.

### ***Super Coalition Structure***

One ME funded two types of coalitions, single and super. Super coalitions were defined as covering a minimum of three program domains and representing two or more coalitions that proposed to significantly expand their customer base and/or to cover a significantly larger geographic area.<sup>24</sup> One of the evaluation questions was whether or not super coalitions were more or less successful than single coalitions. If the number of participants served is used as an indicator of success, then One ME does not provide evidence that super coalitions were more successful than single ones. However, number served does not take into account the implementation of environmental strategies, where counts of individuals served are not possible. This contributes to the complexity of examining the success of super coalitions.

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<sup>24</sup> One ME – Stand United for Prevention Request for Proposals, OSA RFP G 402014: Primary Prevention Services, June 20, 2002.



As a result, it is important to explore the super coalition further. What about One ME super coalitions worked well and what did not work well? The table below compares the characteristics of the more successful super coalitions with those that were less successful. Success is defined here as the ability to get evidence-based programs up and running quickly, serve a large number of participants relative to other One ME super coalitions and single coalitions and achieve positive program outcomes.

<div> <div>Characteristics of More Successful Super Coalitions</div> <div>Characteristics of Less Successful Super Coalitions</div> </div>	
Coalition	
<ul style="list-style-type: none"> <li>Group well-established around substance abuse prevention</li> <li>Recognition that partnering is a two-way street (not just asking for/receiving resources, but providing resources to partners)</li> <li>History of substance abuse prevention work (e.g., existing HMP)</li> <li>Substance abuse prevention is a priority issue and not just one issue among many</li> </ul>	<ul style="list-style-type: none"> <li>Coalition with a good reputation - but not seen as force in substance abuse prevention</li> <li>Partnership was created to secure a larger grant; no real pre-existing coalition structure among partners</li> <li>Split money evenly between partners with no one centrally coordinating the grant and the work of the partners</li> <li>Poor history of performance and productive use of grant funds</li> <li>Disconnected partners (worked separately)</li> <li>Change in coalition leadership accompanied by a change in focus</li> <li>Turf issues among partners (and the assumption that the issues would disappear if partnering on a single grant)</li> <li>Hospital as fiscal agent (high administrative costs, grant gets lost within the organization/ bureaucracy)</li> <li>Unequal partnerships (one partner with more power than the others)</li> <li>Coordinator without decision making power</li> </ul>
Program Planning and Implementation	
<ul style="list-style-type: none"> <li>Existing connections with schools</li> <li>Someone who works in the school (employee or well-connected volunteer) to advocate for programming, program delivery and training</li> <li>Built upon existing strengths versus doing something totally new</li> <li>Committed to evidence-based programming</li> </ul>	<ul style="list-style-type: none"> <li>Political barriers (e.g., restrictions on advocacy work due to employer)</li> </ul>

<b>Characteristics of More Successful Super Coalitions</b>	<b>Characteristics of Less Successful Super Coalitions</b>
<ul style="list-style-type: none"> <li>▪ Secured school buy-in</li> <li>▪ Strengthened relationships in the community that “make sense” not just for the sake of building relationships (e.g., law enforcement for environmental strategies)</li> </ul>	
<b>Coordinator Skills</b>	
<ul style="list-style-type: none"> <li>▪ Ability to do intentional, targeted networking</li> <li>▪ Knows how to use data to “sell” programs</li> <li>▪ Record keeping</li> <li>▪ Coordination</li> <li>▪ Reporting</li> <li>▪ Experience in substance abuse prevention</li> <li>▪ Tracks progress with data on an ongoing basis (not just for grant writing)</li> <li>▪ Knowing how to select people with the necessary skills, not just those with a passion or an interest in the topic</li> <li>▪ Data-informed decision making</li> <li>▪ Ability to promote the work of the coalition</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited ability to do coalition work</li> <li>▪ Lack of leadership abilities</li> </ul>
<b>Coordinator Characteristics</b>	
<ul style="list-style-type: none"> <li>▪ Reliable</li> <li>▪ Passionate about prevention and committed to it</li> <li>▪ Believe in evidence-based practices</li> <li>▪ Motivating and motivated</li> <li>▪ Sense of responsibility to funder/responsible grant recipient</li> <li>▪ Credibility (of leader, not coalition) in the community (e.g., some type of licensure (LSW); proven history of success in community)</li> <li>▪ Assertive</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of understanding of the expectations of grants</li> <li>▪ Do not view “coordination” as one of the roles of a super coalition coordinator</li> <li>▪ Lack of genuine interest in the work of the grant (“just another grant”)</li> </ul>

In sum, the super coalition structure and the accompanying additional funding did not necessarily assure better outcomes, nor did it translate into more participants served. Success is more about the above-mentioned coalition and coordinator skills and characteristics than the size of the coalition. This suggests that finding or creating successful super coalitions may require careful selection and additional planning to assure that the lessons learned from One ME are applied.

### **Cultural Competence**

To explore what was learned about cultural competence, interviews were conducted in the fall of 2005 with staff from the Office of Substance Abuse and individuals from three coalitions: Waponahki Prevention Coalition; One ME – One Portland; and Portland Partnership for Homeless Youth.

### **Cultural Competence Defined**

Cultural competence means different things to different people and organizations. The Center for Substance Abuse Prevention once defined it as:

*...the attainment of knowledge, skills & attitudes to enable administrators and practitioners within systems of care to provide for diverse populations. This includes an understanding of that group's or members language, beliefs, norms and values, as well as socioeconomic & political factors that may have a significant impact on their well-being, and incorporating those variables into assessment and treatment.*<sup>25</sup>

This definition goes beyond how many people think of cultural competence; that is, related to race and ethnicity. Maine's Office of Substance Abuse sees cultural competence as something broader than cultural diversity and which should include sensitivity to different income levels as well as linguistic differences.<sup>26</sup> The Office perceives linguistic competence as not only about different languages in a community, but also about different levels of literacy. According to a National Institute of Literacy survey in 1993, "15% of the adult population in Maine - over 150,000 adults - is functioning at the lowest level of literacy."<sup>27</sup> OSA has found that, due to statewide low-literacy rates and a lack of diligence to make materials accessible to lower-literacy populations, many in Maine's population cannot read the Office's brochures and reports. For OSA, the challenge of addressing a low-literacy population in Maine is a significant aspect of cultural competence the agency hopes to address in its future prevention work.

Several One ME coalition coordinators offered their views about cultural competence as they relate to their target population. The coordinator of the Waponahki Prevention Coalition describes cultural competence as the ability to administer programs without

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<sup>25</sup> Source: PowerPoint Presentation on Cultural Competence, Sustainability and the SPF SIG Process, SPF SIG New Grantees Meeting, available at: <http://prevention.samhsa.gov/competence/default.aspx>.

<sup>26</sup> Interview with OSA staff, November 2005.

<sup>27</sup> The "lowest level of literacy" noted above is the level one (of five) measured by the survey. Individuals at this literacy level do not have the full range of economic, social and personal options that are open to Americans with higher levels of literacy skills. National Institute for Literacy study commissioned by the Department of Education in 1993, [http://www.lvmaine.org/about\\_lit.php](http://www.lvmaine.org/about_lit.php).

miscommunication and adapting program activities to be more familiar and meaningful to the Native American communities in which programs and services are administered. The coordinator for the Portland Partnership for Homeless Youth describes cultural competence as an understanding of what clients' cultures are, as well as interacting with the community to better understand how to approach individuals of different cultural backgrounds in a respectful way. For a cultural competence specialist with the One Maine One Portland Coalition, cultural competence means all of these same things and also working directly with members of minority communities and sharing what is learned and understood with other community providers.

### **Ensuring Cultural Competence in One ME**

The three coalitions referenced above serve populations (i.e., Native American youth, homeless youth and refugee and immigrant youth) quite different than exists in most of Maine. Adapting programs and services so they better fit the target population is part of the every day work of the coalitions, making it difficult at times to articulate efforts toward coalition cultural competence. Nevertheless, the work of these three coalitions shows that they understand and appreciate the value of cultural competence in meeting the needs of their communities.

One ME - One Portland Coalition receives feedback from its partnering agencies about the cultural attributes of its target community. One of the gaps identified was the absence of emphasis on the strong urban youth culture which exists in Portland. To address this imbalance, the coalition has enlisted a specialist on cultural competence. She has focused her effort on understanding urban youth culture including the specialized language, the style of discourse used by this population and issues surrounding the youths' concept of respect. The One ME - One Portland Coalition is also looking at how its own culture impacts its ability to effectively provide services and to effect prevention. The concern is that the coalition and its facilitators who work with youth understand them through a "Western lens," with an individualistic, goal-oriented focus. This Western lens can be problematic because many of Portland's youth do not see themselves this way as they are not necessarily products of Western culture. Instead, many hail from Africa and Asia. This is a fundamental challenge faced by those who seek to employ culturally competent practices in areas with new Americans.

One ME - One Portland Coalition is now working to actively institutionalize cultural competence, formalizing a framework, language and processes to ensure agency-wide competent practices to best serve both youth and adults. The coalition has contracted with a specialist in this subject to focus on coordinating this work with other community service providers and to share the lessons learned by the coalition with others striving to meet the needs of the refugee and immigrant population in Portland.

One ME – One Portland has a number of resources from which to draw. Examples of these resources are: the multi-lingual services program in the Portland School System; the Multicultural Family Network and a point person who handles multi-cultural issues within the Community Action Program. The coalition has hired Somali staff to facilitate interaction with Somali youth and their families.<sup>28</sup>

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<sup>28</sup> Interview with One ME – One Portland staff, November 2005.

The Waponahki Prevention Coalition used existing cultural resources in the Native American community to adapt the five model programs it selected to better suit the interests and culture of youth and families. For example, the arts and crafts and self-esteem-building exercises built into the Positive Action program were not a good fit with the tribe's culture. The coalition therefore incorporated relevant cultural activities, such as beading dream catchers, practicing traditional drumming and practicing the sweat lodge tradition to draw in elements of spirituality important to personal development in that Native American community. An added benefit to including these activities is that, because they are already practiced in the community, additional training of facilitators was unnecessary. In this way, the adaptations were not only culturally appropriate but an efficient use of program resources.

Individuals in the Native American community were accessed as resources. These individuals include: a Cultural Director, Tribal Elders, health workers and language instructors (tribe members who teach indigenous languages). The coalition discussed the selected model programs and proposed adaptations with these individuals allowing them to comment on the cultural value of the activities. Drawing on existing cultural resources is a valuable tool in providing culturally competent prevention services.<sup>29</sup>

Portland Partnership for Homeless Youth utilized trainings on cultural topics available from local community organizations to help resolve barriers to working and communicating with the populations it serves. These organizations are knowledgeable about working with minority communities, foreign language and American Sign Language services. One of the trainings offered by Sweetser was particularly helpful in providing ways to address cultural barriers to communicating with families in Portland's Somali community. The coalition suggests that adding similar trainings would help to build better communication with culturally disparate communities in Maine.

One of the needs identified by Portland Partnership for Homeless Youth's Brief Strategic Family Therapy clinician is a better understanding of the particular difficulties faced by "New Americans" because most have experienced trauma or loss of family members due to armed conflict or forced and repeated relocation. To begin to overcome these challenges, he has worked with Catholic Charities' relief services relocation program. He points out the importance of the ability to locate and access minority community leadership. The Somali community in particular has a well-organized network of community leaders. The coalition has reached out to the Preble Street Teen Center for assistance in accessing and understanding the teenage population, contacted the Baxter School for the Deaf for advice and information about how to work with the deaf culture and has enlisted assistance from local law enforcement and probation officers in reaching out to homeless youth.<sup>30</sup>

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<sup>29</sup> Interview with Waponahki Prevention Coalition staff, November 2005.

<sup>30</sup> Interview with Portland Partnership for Homeless Youth staff. November 2005.

## **Where Do We Go From Here?**

The work of the One ME coalitions over the course of the State Incentive Grant and the associated lessons will be used to improve substance abuse prevention services in Maine in the coming years. In particular, Maine has been awarded a Strategic Prevention Framework State Incentive Grant. While the focus of this new SIG is more on infrastructure and population level change, many of the findings of One ME are applicable.

The recommendations which follow are divided into Program and State level recommendations.

### ***Program-level Recommendations***

- Hire coordinators who are mission-driven, preferably with a demonstrated commitment to substance use prevention among youth.
- Be prepared and plan for mid-course changes. If something is not working, identify it early on and consider a different program or approach.
- Invest time in readying a community for an initiative. If some component of the community needs more time and attention, do not force it to take on a new approach or program.
- Identify key individuals in the school systems. Involve those individuals that will be responsible for coordinating and implementing programs as early as possible. If school guidance staff will be implementing a program, it is not enough to involve only the principal in the planning phase.
- Carefully weigh the costs of implementing Parenting Wisely, Guiding Good Choices and Creating Lasting Family Connections.

### ***State Level Recommendations***

- Give precedence to evidence-based programs that will be funded in the future based on both process and outcome evaluation results.
- Environmental strategies as a group proved to be the most sustainable, reach the largest number of people and address norms and practices among parents in low-barrier way.
- Since many parents are not ready/willing to participate in group settings curriculum-based programs aimed at parents should be given low priority. Instead, consider low-barrier methods, such as OSA's Parent Kits, as well as the environmental approaches referenced above.
- Leadership and Resiliency Program and Reconnecting Youth reach high-risk high school age youth and showed positive evaluation results.

- LifeSkills, All Stars, Olweus Bullying Prevention and Project SUCCESS were implemented across entire grades and showed promising evaluation results.
- Just as programs should select coordinators carefully, the state agency distributing the funds should look carefully at the skills and commitment of the person the coalition or organization names on grant applications. The individual needs to demonstrate commitment to evidence-based practices and a willingness to try new approaches.

Coalitions or other applicant organizations should be asked to detail how the funding will be distributed (e.g., to partner agencies) and explain why and what barriers may be encountered in doing so.

- With every Request for Proposal that is put out to communities, build in a community readiness piece. If a community (meaning population, organizations and institutions) requires additional readiness then such preparation should be a funded activity.
- Reconsider the emphasis placed on MOUs during the RFP process or require that they be more specific and include stronger language. They might also include a clause requiring that the agreement be honored if there is a change in administration and revisited annually.<sup>31</sup>
- It is clear that future federal funding for substance abuse prevention is aimed largely at environmental strategies. The State should work with local grantees to ensure that their strategies are data-driven and comprehensive.
- Carefully consider the lessons learned about the One ME super coalitions when funding similarly structured entities.
- A number of training and technical assistance needs were identified at the end of the One ME project which should be incorporated into the workforce development segment of the Strategic Prevention Framework. The topics are:
  - Grant writing and how to locate funding opportunities;
  - How to engage law enforcement and town government officials in prevention efforts (this will be especially important to SPF and its focus on environmental approaches);
  - Management and budgeting;
  - Using and understanding data; and
  - Sustainability (advanced training).

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<sup>31</sup> Source: Focus group of OSA staff and evaluators.

**APPENDIX: ENVIRONMENTAL STRATEGIES INTERVENTIONS AND ACTIVITIES**



## Bucksport Bay Healthy Communities Coalition

Model Implemented: <input checked="" type="checkbox"/> CMCA <input type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: Bucksport, Orland, Verona Island, and Prospect	
This strategy was first introduced: Month: January Year: 2003	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Interventions
<input checked="" type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Limits on smoking in public places. Examples: Regulations around smoking on school campus.
<input type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Regulations on alcohol or tobacco advertising in the community.
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Drug-free school zones and/or school use policies. Examples: Revised School Chemical Health Policy.
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Drug-free workplaces and/or use policies. Examples: Working with local Chamber of Commerce on drug-free workplace program.
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Policies to reduce the problems associated with substance abuse. Examples: Policy on law enforcement services for Bucksport School District.
Activities
Letter writing to representatives: Number of representatives contacted <u>10</u>
Work with school administrators and teachers to enforce drug-free policy: Number of schools <u>2</u>
Work with businesses to implement a drug-free workplace: Number of businesses <u>222</u>

### Enforcement Interventions and Activities

Interventions
Conduct surveillance of areas known for illegal drug sales: Number of areas targeted <u>3</u> Frequency _____
Conduct compliance activities: Examples: All retail businesses in Bucksport were surveyed.
Enforce policies to reduce problems associated with substance abuse: Examples: Bucksport Police Department adopted Maine Model Law Enforcement Policy on Underage Drinking.
Other: Coalition convened county and local law enforcement to form County Drug Task Force on Underage Drinking.

Activities
Educate law enforcement: Number of training sessions conducted <u>4</u> Number educated <u>6</u>
Increase retailer support of compliance with laws on serving to minors. <i>Briefly describe:</i> Project Sticker Shock
Improve merchants' ability to recognize fake IDs and refuse to serve. <i>Briefly describe:</i> Police Compliance Checks
Collaborate with law enforcement and/or municipal officials to reduce areas in which underage drinking occurs (can include private homes) and where illegal drugs are used: Number of law enforcement officers or municipal officials <u>6</u> Number of areas targeted (private homes would count as one area) <u>6</u>
Decrease shoplifting of alcohol in grocery stores. <i>Briefly describe:</i> Coalition members contacted local grocery store about shoplifting and wrote letter to grocery store corporate office to request improved security devices to prevent shoplifting.

### Information Dissemination Interventions and Activities

Interventions
Social marketing (using the principles of commercial advertising to make the message more effective): Number of campaigns planned <u>3</u> Number delivered <u>3</u>
Paid media advocacy (using mass media to advance a public policy initiative or message such as changing product pricing or placement in stores): Number of print ads created <u>60</u> Number of print ads published: <u>60</u>

Activities
Make presentations at community meetings: Number of presentations <u>15</u> In total, number in attendance <u>125</u>
Write letters to the editor of a local paper or community newsletters: Number of letters sent <u>5</u> Number of letters published <u>5</u>
Develop prevention-based website

### Activities with Agencies, Organizations and Parents

What coordination activities did you facilitate in your community?
Reorganization of local agencies to address substance abuse prevention. <i>Briefly describe:</i> School District contracted with substance abuse treatment agency to provide services to students on-site at the school.
Reallocation of local funds for substance abuse prevention. <i>Briefly describe:</i> School district is committed to continuing Leadership & Resiliency Program after the close of the grant.

What organizations do you work with in planning or conducting environmental changes?	
<input checked="" type="checkbox"/> Dept. of Health and Human Services (state)	<input checked="" type="checkbox"/> Local law enforcement
<input checked="" type="checkbox"/> Dept. of Corrections (state)	<input checked="" type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Dept. of Public Safety (state)	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Dept. of Education (state)	
<input checked="" type="checkbox"/> Courts	
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	
<input checked="" type="checkbox"/> Colleges/Universities	
<input checked="" type="checkbox"/> Other coalitions	
<input checked="" type="checkbox"/> Community-based organizations	
<input checked="" type="checkbox"/> For profit organizations	

Interventions
Reduce alcohol transfer from adults to underage youth: Examples: Bucksport Police Compliance Program.
Increase community knowledge of penalties for furnishing to minors: Examples: Literature distributed at community fairs.
Reduce number of parties where alcohol is served: Examples: Hancock County Task Force on Underage Drinking.
Reduce number of locations where minors congregate to drink: Examples: Bucksport Police Department increased surveillance of high-risk areas.
Increase youth participation in alternative activities to drinking: Examples: Creation of after school program for teens.

### Impact and Sustainability

Do you have plans to measure the results of your strategy?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> Coalition and Substance Abuse Task Force tracks results of strategies through monitoring of MYDAUS results.
What results have you seen thus far? <i>Briefly describe:</i> Increased enforcement of underage drinking laws.
What consequences (intended or not) have resulted from your activities?

Do you have plans to sustain your strategy beyond One ME?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> Substance Abuse Task Force will continue their work after the close of the grant period.
What evidence do you have of sustainability? Funding secured for next fiscal year

## Building Communities for Children

Model Implemented: <input checked="" type="checkbox"/> CMCA <input type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: 20 Waldo County towns	
This strategy was first introduced: Month: Year: 2003	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Interventions
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Drug-free school zones and/or school use policies.
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Policies to reduce the problems associated with substance abuse.
Examples: Change in law enforcement policy regarding response to underage drinking.

Activities
Letter writing to representatives: Number of representatives contacted <u>6</u>
Work with school administrators and teachers to enforce drug-free policy: Number of schools <u>3</u>
Passed city or town resolutions regarding substance use: Number of resolutions <u>1</u>

### Enforcement Interventions and Activities

Interventions
Conduct surveillance of areas known for illegal drug sales
Enforce policies to reduce problems associated with substance abuse
Examples: Underage Drinking Enforcement

Activities
Educate law enforcement: Number of training sessions conducted <u>2</u> Number educated <u>20</u>
Increase retailer support of compliance with laws on serving to minors. <i>Briefly describe:</i> Sticker Shock
Collaborate with law enforcement and/or municipal officials to reduce areas in which underage drinking occurs (can include private homes) and where illegal drugs are used: Number of law enforcement officers or municipal officials <u>12</u> Number of areas targeted (private homes would count as one area) <u>Two so far, at athletic events.</u>

### Information Dissemination Interventions and Activities

Interventions
Social marketing (using the principles of commercial advertising to make the message more effective): Number of campaigns planned <u>1</u> Number delivered <u>Ten weekly display ads concerning effects of substance use.</u>
Paid media advocacy (using mass media to advance a public policy initiative or message such as changing product pricing or placement in stores): Number of print ads created <u>10</u> Number of print ads published: <u>10</u>
Media literacy (fostering the ability to analyze and evaluate messages in the media): Number of media literacy sessions conducted <u>2</u>

Activities
Make presentations at community meetings: Number of presentations <u>15</u> In total, number in attendance <u>100+</u>
Write letters to the editor of a local paper or community newsletters: Number of letters sent <u>4</u> Number of letters published <u>4</u>
Develop prevention-based website: Number of hits on the website <u>Average about 70 hits per month.</u>

### Activities with Agencies, Organizations and Parents

What coordination activities did you facilitate in your community?
Reorganization of local agencies to address substance abuse prevention.
<i>Briefly describe:</i> Collaboration with Sheriff's Office and Belfast Police to develop Underage Drinking Enforcement strategy including change in department policies, public education and parent education.
Reallocation of local funds for substance abuse prevention.
<i>Briefly describe:</i> Worked with three school districts to implement and expand Reconnecting Youth program. Found funding for support of Maine Youth Voices group at Belfast High School. Worked with Belfast Area Task Force on Substance Abuse to get support of Belfast City Council. Worked with Coalition partners to conduct Youth Summits to focus on youth needs and provide support to youth.

What organizations do you work with in planning or conducting environmental changes?	
<input checked="" type="checkbox"/> Dept. of Health and Human Services (state)	<input checked="" type="checkbox"/> Other coalitions
<input checked="" type="checkbox"/> Dept. of Corrections (state)	<input checked="" type="checkbox"/> Community-based organizations
<input checked="" type="checkbox"/> Dept. of Public Safety (state)	<input type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input checked="" type="checkbox"/> Local law enforcement
<input checked="" type="checkbox"/> Courts	<input checked="" type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Colleges/Universities	

Interventions
Reduce alcohol transfer from adults to underage youth: Examples: Project Sticker Shock and Underage Drinking Enforcement Strategy.
Increase community knowledge of penalties for furnishing to minors: Examples: Project Sticker Shock, Underage Drinking Enforcement Strategy, Safe Homes project.
Increase parent support of law regarding serving alcohol to adults age 21 and older in their homes: Examples: Safe Homes project
Reduce number of parties where alcohol is served: Examples: Underage Drinking Enforcement Strategy (anonymous party reporting line).
Reduce number of locations where minors congregate to drink: Examples: Underage Drinking Enforcement Strategy (party patrols and party reporting line).
Increase youth participation in alternative activities to drinking:

## Interventions

Examples: Working with Peer Leaders in four high schools on planning Youth Summits.

## Impact and Sustainability

Do you have plans to measure the results of your strategy?

☒ Yes *Briefly describe:* We will review 2006 MYDAUS results and analyze survey information.

What results have you seen thus far? *Briefly describe:* We have had good participation in the community, more youth involvement, partnership with law enforcement, schools have reviewed educational programs concerning substance abuse and have made additions and changes to health curriculum and schools have agreed to work more closely with law enforcement. Schools have also begun to use MYDAUS results to evaluate their programming.

What consequences (intended or not) have resulted from your activities?

Do you have plans to sustain your strategy beyond One ME?

☒ Yes *Briefly describe:* Our Coalition is committed to community building, needs assessment, collaboration in program development and bringing a focus to youth empowerment and leadership. We are actively working to expand the Coalition and develop a Comprehensive Prevention Plan. We are also working with other partners to adopt a Healthy Community Coalition model of community dialogue and asset development.

What evidence do you have of sustainability? We have more than 12 years of history as a successful Coalition and have been notified of a grant award.

## Community Voices

Model Implemented: <input type="checkbox"/> CMCA <input checked="" type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: MSAD #27 Fort Kent, Wallagrass, Eagle Lake, St. John, Allagash, New Canada.	
This strategy was first introduced: Month: 09 Year: 2002	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Interventions
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Limits on the location, density and hours of operation of liquor stores.
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Regulations on alcohol or tobacco advertising in the community.
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Drug-free school zones and/or school use policies.
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Policies to reduce the problems associated with substance abuse.
Activities
Letter writing to representatives: Number of representatives contacted <u>4</u>
Work with school administrators and teachers to enforce drug-free policy: Number of schools <u>4</u>
Other: Helped pass LD 1085 to require Sticker Shock poster in all retail stores How many? <u>1</u>

### Enforcement Interventions and Activities

Interventions
Conduct sting operations that target merchants who sell alcohol and tobacco to minors:
Number of sting operations conducted <u>4</u> Number of merchants targeted <u>4</u>
Establish sobriety checkpoints: Number of checkpoints established <u>1</u> Frequency of checkpoints <u>1</u>
Enforce policies to reduce problems associated with substance abuse:
Examples: Annual policy implementation on appropriate party favors and advertising in high school.
Activities
Increase retailer support of compliance with laws on serving to minors. <i>Briefly describe:</i> Alcohol Server Awareness Program provided three times; program is ongoing. Met with owner of bar to remove sign.
Improve merchants' ability to recognize fake IDs and refuse to serve. <i>Briefly describe:</i> Alcohol Server Awareness Program
Increase consistency of checking for fake IDs. <i>Briefly describe:</i> Alcohol Server Awareness Program
Collaborate with law enforcement and/or municipal officials to reduce areas in which underage drinking occurs

Activities
(can include private homes) and where illegal drugs are used: Number of law enforcement officers or municipal officials <u>2</u> Number of areas targeted (private homes would count as one area) <u>4</u>
Organize training programs for bartenders and wait staff to reduce service to minors: Number of trainings: <u>3</u> Number of establishments: <u>5</u> Number of bartenders/wait staff: <u>25</u>
Educate merchants about the laws and penalties for selling to underage customers: Number of sessions <u>12</u> Number of merchants <u>8</u>

### Information Dissemination Interventions and Activities

Interventions
Unpaid media use - public service announcements: Number of PSAs created <u>3</u> Number aired <u>3</u> Total number of times aired <u>30</u>

Activities
Make presentations at community meetings: Number of presentations <u>4</u> In total, number in attendance <u>1000</u>
Write letters to the editor of a local paper or community newsletters: Number of letters sent <u>150</u> Number of letters published <u>3</u>
Sponsor or conduct drug-free events: Number of events <u>10</u> Total number reached <u>800</u>
Other: Produced and developed two media items on Drug Awareness and Peer Pressure. Videos have been shown to many students in high school and elementary school every year.
Other: Provided two messages a month to community by way of a town bulletin board.
Other: Provided Sticker Shock program at least once a month.

### Activities with Agencies, Organizations and Parents

What coordination activities did you facilitate in your community?
Developed a Substance Free Teen Center in conjunction with the American Legion. In addition, we provided a connection for youth and adults through chaperones and community activities through the American Legion. This ran consecutively for two years and operated every week for ten hours a week (hours spanning Friday and Saturday nights).

What organizations do you work with in planning or conducting environmental changes?	
<input type="checkbox"/> Dept. of Health and Human Services (state)	<input checked="" type="checkbox"/> Other coalitions
<input type="checkbox"/> Dept. of Corrections (state)	<input checked="" type="checkbox"/> Community-based organizations
<input checked="" type="checkbox"/> Dept. of Public Safety (state)	<input type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input checked="" type="checkbox"/> Local law enforcement
<input type="checkbox"/> Courts	<input checked="" type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Colleges/Universities	

Interventions
Reduce alcohol transfer from adults to underage youth: Examples: Sticker Shock and passing LD 1085.
Increase community knowledge of penalties for furnishing to minors: Examples: Bulletin Board messages and signs in town as well as other towns in the area.
Increase parent support of law regarding serving alcohol to adults age 21 and older in their homes: Examples: Mass media handouts of Your Teen and Alcohol.



## Interventions

Reduce number of parties where alcohol is served:

Examples: Party patrols and activities to remind youth to be safe around Prom time. Passed school policy on eliminating advertising or inappropriate prom favors.

Increase youth participation in alternative activities to drinking:

Examples: Created Substance Free Teen Center.

## Impact and Sustainability

Do you have plans to measure the results of your strategy?

☒ Yes *Briefly describe:* MYDAUS surveys

What results have you seen thus far? *Briefly describe:* Positive reductions for alcohol and tobacco at the high school level.

What consequences (intended or not) have resulted from your activities? We are a recognized and growing coalition in the community and school. Community Voices has won Activity of the Year, Club of the Year and awards from the Chamber of Commerce twice.

Do you have plans to sustain your strategy beyond One ME?

☒ Yes *Briefly describe:* We have been awarded an Essential Services Grant from OSA.

What evidence do you have of sustainability? Parenting Wisely is offered by Adult Ed every year. Alcohol Server Training is continued in Adult Ed as well. Posters for Sticker Shock are now a permanent part of Maine's retail stores due to the poster and Sticker Shock [program] being produced and implemented by Community Voices and then being made into law through Bill LD 1085. That is the biggest sustainable act of Community Voices. Thanks.

## COOL

Model Implemented: <input checked="" type="checkbox"/> CMCA <input type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: Berwick, North Berwick, Lebanon, ME	
This strategy was first introduced: Month: 09 Year: 2004	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input type="checkbox"/> Policy change <input type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Activities
Letter writing to representatives: Number of representatives contacted <u>2</u>

### Enforcement Interventions and Activities

Interventions
Worked with local police on an ad campaign to advise the public of the consequences of youth hosting/adult furnishing of alcohol and "pit parties," to compliment new enforcement procedures regarding underage drinking in the community.

Activities
Increase retailer support of compliance with laws on serving to minors. <i>Briefly describe:</i> Server training held June 7, 2005 in conjunction with KEYS for Prevention.
Improve merchants' ability to recognize fake IDs and refuse to serve. <i>Briefly describe:</i> Server Training, as indicated above.
Collaborate with law enforcement and/or municipal officials to reduce areas in which underage drinking occurs (can include private homes) and where illegal drugs are used: Number of law enforcement officers or municipal officials <u>6</u> Number of areas targeted (private homes would count as one area) <u>unknown</u>
Organize training programs for bartenders and wait staff to reduce service to minors: Number of trainings: <u>1</u> Number of establishments: <u>7</u> Number of bartenders/wait staff: <u>15</u>
Educate merchants about the laws and penalties for selling to underage customers: Number of sessions <u>1</u> Number of merchants <u>72</u>

## Information Dissemination Interventions and Activities

Interventions
Social marketing (using the principles of commercial advertising to make the message more effective): Number of campaigns planned <u>2</u> Number delivered <u>3</u>
Paid media advocacy (using mass media to advance a public policy initiative or message such as changing product pricing or placement in stores): Number of radio ads created <u>4</u> Number of radio ads aired <u>80</u> Number of print ads created <u>3</u> Number of print ads published: <u>400</u>

Activities
Make presentations at community meetings: Number of presentations <u>7</u> In total, number in attendance <u>184</u>
Sponsor or conduct drug-free events: Number of events <u>1</u> Total number reached <u>62</u>
Develop prevention-based website: Number of hits on the website <u>5173</u>

### Activities with Agencies, Organizations and Parents

What coordination activities did you facilitate in your community?
Reallocation of local funds for substance abuse prevention.
<i>Briefly describe:</i> Partnered with local PTSA in sponsoring Winter Kids after school program.
Other coordination activities: Collaborated with KEYS for Prevention/York Hospital to increase prevention activities; [these included] a media campaign, a prevention summit and server training.
Other coordination activities: Worked with Professional Development Center/MSAD 60 to offer staff workshops related to substance use prevention, identification and referral.

What organizations do you work with in planning or conducting environmental changes?	
<input checked="" type="checkbox"/> Dept. of Health and Human Services (state)	<input checked="" type="checkbox"/> Other coalitions
<input type="checkbox"/> Dept. of Corrections (state)	<input checked="" type="checkbox"/> Community-based organizations
<input checked="" type="checkbox"/> Dept. of Public Safety (state)	<input type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input checked="" type="checkbox"/> Local law enforcement
<input type="checkbox"/> Courts	<input checked="" type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input type="checkbox"/> Other:
<input type="checkbox"/> Colleges/Universities	

Interventions
Reduce alcohol transfer from adults to underage youth: Examples: Poster campaign and community newsletter.
Increase community knowledge of penalties for furnishing to minors: Examples: Community Newsletter prior to the Prom and graduation; Prevention Summit 2005.
Increase parent support of law regarding serving alcohol to adults age 21 and older in their homes: Examples: Our goal this year is to increase parental support. This theme was the focus of 2005 Prevention Summit.
Reduce number of parties where alcohol is served: Examples: as above
Reduce number of locations where minors congregate to drink: Examples: Local Police are in the process of writing policy and procedures to address this; we will participate in publicity of it.

## Impact and Sustainability

Do you have plans to measure the results of your strategy?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> We plan to gather data from local police, the high school SRO and athletic director as to the incidence of alcohol related violations/arrests; we also plan to gather related MYDAUS data (likelihood of being caught by police, etc.)
What results have you seen thus far? <i>Briefly describe:</i> People are more aware of the issue of teen alcohol use and struggle more now with the acceptance of "rites of passage," taking the keys if drinking is allowed. This issue is also more openly discussed - two families actually publicized and hosted alcohol-free parties for graduation that were attended by 75 students. Fewer violations of the substance use policy for athletes have occurred.
What consequences (intended or not) have resulted from your activities? I am unaware of any negative consequences of any activities that have been promoted by us.

Do you have plans to sustain your strategy beyond One ME?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> Most of the activities will be able to be supported by fundraising, corporate sponsorship or donation/direct pay for attendance. Major activities such as the Prevention Summit may have to be scaled down to reduce cost.
What evidence do you have of sustainability? The COOL coalition has already engaged in fundraising efforts. After school programs are going to be supported through intramural funding from individual schools and grant writing is ongoing.

## Healthy Androscoggin

Model Implemented: <input checked="" type="checkbox"/> CMCA <input type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: Androscoggin County - more initiatives in some towns	
This strategy was first introduced: Month: 11 Year: 2003	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Activities
Letter writing to representatives: Number of representatives contacted <u>12</u>
Work with school administrators and teachers to enforce drug-free policy: Number of schools <u>7</u>
Passed city or town resolutions regarding substance use: Number of resolutions <u>3</u>

### Enforcement Interventions and Activities

Interventions
Conduct sting operations that target merchants who sell alcohol and tobacco to minors:
Number of sting operations conducted <u>2</u> Number of merchants targeted <u>2</u>
Enforce policies to reduce problems associated with substance abuse:
Examples: Teen parties, other patrols strictly for enforcement of underage drinking laws; approximately 200 hours.
Activities
Educate law enforcement: Number of training sessions conducted <u>6</u> Number educated <u>90</u>
Organize training programs for bartenders and wait staff to reduce service to minors:
Number of trainings: <u>8</u> Number of establishments: <u>10</u> Number of bartenders/wait staff: <u>100</u>

### Information Dissemination Interventions and Activities

Interventions
Social marketing (using the principles of commercial advertising to make the message more effective):
Number of campaigns planned <u>11</u> Number delivered <u>11</u>
Paid media advocacy (using mass media to advance a public policy initiative or message such as changing product pricing or placement in stores):
Number of radio ads created <u>21</u> Number of radio ads aired <u>21</u>
Number of print ads created <u>7</u> Number of print ads published: _____
Unpaid media use - public service announcements:
Number of PSAs created <u>4</u> Number aired <u>4</u> Total number of times aired <u>117</u>

Activities
Make presentations at community meetings: Number of presentations <u>4</u> In total, number in attendance <u>32</u>
Write letters to the editor of a local paper or community newsletters: Number of letters sent <u>7</u> Number of letters published <u>7</u>
Develop prevention-based website: Number of hits on the website <u>?</u>
Other: Eleven social marketing campaigns delivered and 5,500 families received direct mailing each time.

### Activities with Agencies, Organizations and Parents

What coordination activities did you facilitate in your community?
Reorganization of local agencies to address substance abuse prevention.
<i>Briefly describe:</i> Committee of organizations that work with us to decide what we should do to reduce youth substance use. Was not done before this.
Other coordination activities: We developed an alternative program for youth who violate drug/alcohol possession laws.
Other coordination activities: We worked with schools and a local agency to offer parenting classes.

What organizations do you work with in planning or conducting environmental changes?	
<input checked="" type="checkbox"/> Dept. of Health and Human Services (state)	<input type="checkbox"/> Other coalitions
<input checked="" type="checkbox"/> Dept. of Corrections (state)	<input checked="" type="checkbox"/> Community-based organizations
<input type="checkbox"/> Dept. of Public Safety (state)	<input checked="" type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input checked="" type="checkbox"/> Local law enforcement
<input checked="" type="checkbox"/> Courts	<input checked="" type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input type="checkbox"/> Other:
<input type="checkbox"/> Colleges/Universities	

Interventions
Reduce alcohol transfer from adults to underage youth: Examples: Part of our sting operation and extra patrols.
Increase community knowledge of penalties for furnishing to minors: Examples: Print ads in paper, Sticker Shock, press releases, and mailing to parents through schools.
Increase parent support of law regarding serving alcohol to adults age 21 and older in their homes: Examples: same as above
Reduce number of locations where minors congregate to drink: Examples: An increase in patrols has limited youth in locations.

### Impact and Sustainability

Do you have plans to measure the results of your strategy?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> Sent survey home to parents in December and kept log of violations for comparison.
What results have you seen thus far? <i>Briefly describe:</i> We call our overall program Project Unite! and people are recognizing the name now. Lots of folks calling for resources.
What consequences (intended or not) have resulted from your activities? More people coming to the table to help prevent youth substance use. Have received more funding from other sources because of OneME.
Do you have plans to sustain your strategy beyond One ME?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> We have Drug Free Communities money so that we can continue work--could be 9 more years! Also looking for other funding sources.
What evidence do you have of sustainability? The money! And also the passion at the table.

## Healthy Hancock

Model Implemented: <input checked="" type="checkbox"/> CMCA <input checked="" type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: Hancock County, Maine	
This strategy was first introduced: Month: October Year: 2002	
Is there an end date planned for this strategy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, when? Month: December Year: 2005	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Interventions
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Limits on smoking in public places.
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Drug-free school zones and/or school use policies. Examples: School Health Coordinator implemented drug, alcohol, and tobacco policies.
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Drug-free workplaces and/or use policies. Examples: Worked with area businesses to implement policies and give support.
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Policies to reduce the problems associated with substance abuse. Examples: Especially with Adolescents and Children, working toward a drug and alcohol-free lifestyle.
Activities
Work with school administrators and teachers to enforce drug-free policy
Work with businesses to implement a drug-free workplace

### Enforcement Interventions and Activities

Interventions
Conduct compliance activities: Examples: CMCA gave retailers support for carding purchasers of alcohol.
Activities
Increase retailer support of compliance with laws on serving to minors.
Educate merchants about the laws and penalties for selling to underage customers:

### Information Dissemination Interventions and Activities

Interventions
Social marketing (using the principles of commercial advertising to make the message more effective):

## Activities with Agencies, Organizations and Parents

What organizations do you work with in planning or conducting environmental changes?	
<input checked="" type="checkbox"/> Dept. of Health and Human Services (state)	<input checked="" type="checkbox"/> Other coalitions
<input type="checkbox"/> Dept. of Corrections (state)	<input checked="" type="checkbox"/> Community-based organizations
<input type="checkbox"/> Dept. of Public Safety (state)	<input type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input checked="" type="checkbox"/> Local law enforcement
<input checked="" type="checkbox"/> Courts	<input checked="" type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input type="checkbox"/> Other:
<input type="checkbox"/> Colleges/Universities	

Interventions
Reduce alcohol transfer from adults to underage youth: Examples: Sticker Shock Program
Increase community knowledge of penalties for furnishing to minors: Examples: Sticker Shock Program
Increase youth participation in alternative activities to drinking: Examples: Working to enact. Youth coordinator hired in October 2005.



## Katahdin Area Partnership

Model Implemented: <input checked="" type="checkbox"/> CMCA <input type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: Millinocket, East Millinocket, Medway, & Woodville	
This strategy was first introduced: Month: 5 Year: 2003	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Interventions
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Open container laws prohibiting alcohol consumption in public places. Examples: Adult activities at recreation complexes (softball games).
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Limits on smoking in public places. Examples: Hospital campus is smoke-free. Signs have gone up at all recreation areas in the Katahdin Region.
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Regulations on alcohol or tobacco advertising in the community. Examples: Creating the awareness of the number of advertising schemes at our children's level.
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Drug-free school zones and/or school use policies. Examples: Student extra-curricular policies have been revamped.

Activities
Letter writing to representatives: Number of representatives contacted <u>6</u>
Work with school administrators and teachers to enforce drug-free policy: Number of schools <u>4</u>
Passed city or town resolutions regarding substance use: Number of resolutions <u>2</u>

### Enforcement Interventions and Activities

Activities
Educate law enforcement: Number of training sessions conducted <u>2</u> Number educated <u>6</u>
Increase retailer support of compliance with laws on serving to minors. <i>Briefly describe:</i> Sticker shock/Alcohol Avalanche.
Increase consistency of checking for fake IDs. <i>Briefly describe:</i> Awareness increased after Sticker Shock and Alcohol Avalanche.
Collaborate with law enforcement and/or municipal officials to reduce areas in which underage drinking occurs (can include private homes) and where illegal drugs are used: Number of law enforcement officers or municipal officials <u>7</u> Number of areas targeted (private homes would count as one area) <u>3</u>

Activities
Organize training programs for bartenders and wait staff to reduce service to minors: Number of trainings: <u>1</u> Number of establishments: <u>2</u> Number of bartenders/wait staff: <u>4</u>
Educate merchants about the laws and penalties for selling to underage customers: Number of sessions <u>4</u> Number of merchants <u>20</u>

### Information Dissemination Interventions and Activities

Interventions
Paid media advocacy (using mass media to advance a public policy initiative or message such as changing product pricing or placement in stores): Number of print ads created <u>8</u> Number of print ads published: <u>8</u>
Unpaid media use - public service announcements: Number of PSAs created <u>4</u> Number aired <u>4</u> Total number of times aired <u>12</u>

Activities
Make presentations at community meetings: Number of presentations <u>10</u> In total, number in attendance <u>125</u>
Write letters to the editor of a local paper or community newsletters: Number of letters sent <u>6</u> Number of letters published <u>4</u>
Sponsor or conduct drug-free events: Number of events <u>5</u> Total number reached <u>425</u>

### Activities with Agencies, Organizations and Parents

What coordination activities did you facilitate in your community?
Increase in technical assistance.
<i>Briefly describe:</i> The coalition has provided assistance to neighboring coalition on capacity building.

What organizations do you work with in planning or conducting environmental changes?	
<input type="checkbox"/> Dept. of Health and Human Services (state)	<input checked="" type="checkbox"/> Other coalitions
<input type="checkbox"/> Dept. of Corrections (state)	<input type="checkbox"/> Community-based organizations
<input type="checkbox"/> Dept. of Public Safety (state)	<input type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input checked="" type="checkbox"/> Local law enforcement
<input checked="" type="checkbox"/> Courts	<input checked="" type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input type="checkbox"/> Other:
<input type="checkbox"/> Colleges/Universities	

Interventions
Reduce alcohol transfer from adults to underage youth: Examples: Reminders in local media to adults that it is illegal to provide alcohol to minors and what the consequences will be if caught doing so.
Increase community knowledge of penalties for furnishing to minors: Examples: Same as above

## Impact and Sustainability

Do you have plans to measure the results of your strategy?
<input checked="" type="checkbox"/> No
What results have you seen thus far? <i>Briefly describe:</i> This is a hard thing to measure - several community members have shared their appreciation for an article written by coalition members about alcohol, tobacco, and other drugs. Their statements included things like "I didn't realize" and "We now have folks creating awareness that we have a huge issue in our community." Some have said "I appreciate what you are doing," and "you certainly have your work cut out for you."
Do you have plans to sustain your strategy beyond One ME?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> We are recipients of a Drug Free Communities grant which will pick up the cost of some of the work which was started. Also, the Safe and Drug Free Schools committee will continue to work on changes in school relating to policy change.
What evidence do you have of sustainability? See above

## Lake Region Healthy Community Coalition

Model Implemented: <input checked="" type="checkbox"/> CMCA <input type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: Bridgton, Casco, Naples, Sebago	
This strategy was first introduced: Month: 06 Year: 2004	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Interventions
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Limits on smoking in public places.
Examples:
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Other: Effective community service programs.
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Other: Chaperone training.

### Enforcement Interventions and Activities

Activities
Educate law enforcement: Number of training sessions conducted <u>1</u> Number educated <u>12</u>

### Information Dissemination Interventions and Activities

Interventions
Unpaid media use - public service announcements: Number of PSAs created <u>2</u> Number aired <u>1</u> Total number of times aired <u>30</u>
Media literacy (fostering the ability to analyze and evaluate messages in the media): Number of media literacy sessions conducted <u>3</u>
Activities
Make presentations at community meetings: Number of presentations <u>5</u> In total, number in attendance <u>385</u>
Sponsor or conduct drug-free events: Number of events <u>7</u> Total number reached <u>315</u>
Other: Series of articles in local newspaper.

## Activities with Agencies, Organizations and Parents

What coordination activities did you facilitate in your community?
Reorganization of local agencies to address substance abuse prevention.
<i>Briefly describe:</i> Local agencies participated in law enforcement training.
Other coordination activities: Presentations by the Attorney General to teachers, parents and students.
Other coordination activities: Youth town meeting.
Other coordination activities: Adoption of Underage Drinking Policy by the Bridgton Police Department.

What organizations do you work with in planning or conducting environmental changes?	
<input checked="" type="checkbox"/> Dept. of Health and Human Services (state)	<input checked="" type="checkbox"/> Other coalitions
<input checked="" type="checkbox"/> Dept. of Corrections (state)	<input checked="" type="checkbox"/> Community-based organizations
<input type="checkbox"/> Dept. of Public Safety (state)	<input type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input checked="" type="checkbox"/> Local law enforcement
<input checked="" type="checkbox"/> Courts	<input type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input type="checkbox"/> Other:
<input type="checkbox"/> Colleges/Universities	

Interventions
Increase community knowledge of penalties for furnishing to minors: Examples: Public presentations, newspaper articles.
Increase youth participation in alternative activities to drinking: Examples: Youth Concerts; participation in Videomakers club.

## Impact and Sustainability

Do you have plans to measure the results of your strategy?
<input checked="" type="checkbox"/> No
What results have you seen thus far? <i>Briefly describe:</i> Raised adults' awareness of the problem and its source.
What consequences (intended or not) have resulted from your activities? Neighboring towns are interested.

Do you have plans to sustain your strategy beyond One ME?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> We plan to work with law enforcement, courts and schools to facilitate improved strategies.
What evidence do you have of sustainability? The continued interest of local agencies, government and groups.

## One ME Downeast

Model Implemented: <input type="checkbox"/> CMCA <input checked="" type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: Southern Washington County	
This strategy was first introduced: Month: 7 Year: 2003	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input type="checkbox"/> Policy change <input type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input type="checkbox"/> Policy change <input type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Activities
Held National Alcohol Screening Days How many? <u>2</u>
Fatal Vision Preentations How many? <u>12</u>
Sponsored Chem Free Dances How many? <u>3</u>
Sponsored "Kids on the Block" puppet presentations How many? <u>16</u>

### Enforcement Interventions and Activities

Activities
Increase retailer support of compliance with laws on serving to minors. <i>Briefly describe:</i> Distributed Alcohol Server Awareness Program brochures to 36 area businesses.
Increase consistency of checking for fake IDs. <i>Briefly describe:</i> Distributed Alcohol Server Awareness Program brochures to 36 area businesses.

### Information Dissemination Interventions and Activities

Interventions
Social marketing (using the principles of commercial advertising to make the message more effective): Number of campaigns planned <u>1</u> Number delivered <u>1</u>

Activities
Make presentations at community meetings: Number of presentations <u>2</u> In total, number in attendance <u>62</u>
Sponsor or conduct drug-free events: Number of events <u>3</u> Total number reached <u>198</u>
Other: At least one article per issue in the local newspaper.

## Activities with Agencies, Organizations and Parents

What organizations do you work with in planning or conducting environmental changes?	
<input type="checkbox"/> Dept. of Health and Human Services (state)	<input type="checkbox"/> Other coalitions
<input type="checkbox"/> Dept. of Corrections (state)	<input type="checkbox"/> Community-based organizations
<input type="checkbox"/> Dept. of Public Safety (state)	<input type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input type="checkbox"/> Local law enforcement
<input type="checkbox"/> Courts	<input type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input type="checkbox"/> Other:
<input type="checkbox"/> Colleges/Universities	

Interventions
Reduce alcohol transfer from adults to underage youth: Examples: Articles in newspaper, message on table tents, napkins and drink cups in area restaurants and bars.
Increase community knowledge of penalties for furnishing to minors: Examples: Articles in newspaper, message on table tents, napkins and drink cups in area restaurants and bars.
Increase parent support of law regarding serving alcohol to adults age 21 and older in their homes: Examples: Articles in newspaper, message on table tents, napkins and drink cups in area restaurants and bars.

## Impact and Sustainability

Do you have plans to measure the results of your strategy?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> Data collected from process evaluation, impact evaluation and outcome evaluation.
What results have you seen thus far? <i>Briefly describe:</i> Positive feedback from community members during conversations, positive process evaluations; waiting for 2006 MYDAUS data.
What consequences (intended or not) have resulted from your activities? A heightened awareness of alcohol related problems and a greater inclination in the general population towards action against all substance abuse.
Do you have plans to sustain your strategy beyond One ME?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> Incorporated CTI into a three year grant from the US Department of Education to expand to all of Washington County.
What evidence do you have of sustainability? An MOU with MSAD 19, the recipient of the grant, to act as the Contracted Agent to provide the services.

## One ME – One Portland

Model Implemented: <input checked="" type="checkbox"/> CMCA <input type="checkbox"/> CTI	
This strategy: <input type="checkbox"/> Is new to the community as part of the One ME project. OR <input checked="" type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: <u>Portland</u>	
This strategy was first introduced: Month: <u>01</u> Year: <u>2003</u>	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input checked="" type="checkbox"/> Other: Specify Inter-agency collaboration & communication	<b>Over the course of One ME,</b> which areas did you actually target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input checked="" type="checkbox"/> Other: Specify Inter-agency collaboration & communication

### Policy Change Interventions and Activities

Interventions
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Limits on smoking in public places. <input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Drug-free school zones and/or school use policies. <input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Drug-free workplaces and/or use policies. <input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Policies to reduce the problems associated with substance abuse.
Examples: Working to develop & implement research-based court diversion practices for first-time juvenile offenders of possession of alcohol, in partnership with juvenile justice, law enforcement, & treatment communities; Working with local PD to develop & enact model underage drinking enforcement policy, implement training, and conduct targeted enforcement details.

Activities
Letter writing to representatives: Number of representatives contacted <u>7</u>
Passed city or town resolutions regarding substance use: Number of resolutions <u>Two - declaring Youth Alcohol Prevention Week in May 2004 and 2005.</u>
Other: Testimony at state legislative hearings regarding alcohol policy How many? <u>2</u>
Other: <u>[Held]</u> one-on-one meetings with Mayor and members of the City Council How many? <u>12+</u>

### Enforcement Interventions and Activities

Interventions
Enforce policies to reduce problems associated with substance abuse:
Examples: Local police department has increased enforcement of underage drinking and furnishing laws resulting in dramatic increase in citations; please see attached data. In addition, a special training is planned for this winter, followed by a targeted enforcement campaign.
Other: Police department participation in CMCA meetings is part of job expectations for tactical unit and community policing staff.



Activities
Educate law enforcement: Number of training sessions conducted <u>Two to three sessions are planned for this winter.</u>
Increase retailer support of compliance with laws on serving to minors. <i>Briefly describe:</i> Retailer outreach & relationship development through twice-annual site visits to 50+ stores; Participation in Downtown District's Night Life Oversight Committee of bar owners. Participation of 50+ stores in project Sticker Shock.
Improve merchants' ability to recognize fake IDs and refuse to serve. <i>Briefly describe:</i> Promotion of free online server training.
Increase consistency of checking for fake IDs. <i>Briefly describe:</i> Promotion of free online server training; outreach & relationship development with owners & managers; and distribution of "We Card" marketing materials.
Collaborate with law enforcement and/or municipal officials to reduce areas in which underage drinking occurs (can include private homes) and where illegal drugs are used: Number of law enforcement officers or municipal officials <u>?</u> Number of areas targeted (private homes would count as one area) <u>?</u> <u>Worked with Police Chief and then with staff to change department norms around response to underage drinking and hosting of parties in private homes. Additional work to include targeting in year ahead.</u>
Educate merchants about the laws and penalties for selling to underage customers: Number of sessions <u>150+ site visits</u> Number of merchants <u>50+</u>

### Information Dissemination Interventions and Activities

Interventions
Social marketing (using the principles of commercial advertising to make the message more effective): Number of campaigns planned <u>1 for spring 2006</u> Number delivered _____
Unpaid media use - public service announcements: Number of PSAs created <u>3</u> Number aired <u>3</u> Total number of times aired <u>Not certain; aired April-May 2004</u> (working with District Attorney and Cumberland County UD Task Force).

Activities
Make presentations at community meetings: Number of presentations <u>20+</u> In total, number in attendance <u>200+</u>
Write letters to the editor of a local paper or community newsletters: Number of letters sent <u>6</u> Number of letters published <u>5</u>
Sponsor public protests/demonstrations: Number of events <u>One walkathon with Youth Voices in 2004.</u>
Other: Earned media - Six press events with wide coverage; increase in press coverage of environmental issues (norms, policy, enforcement) in reducing underage drinking); please see attached data.
Other: Door-knocking; 1200 homes reached.
Other: 200+ one-on-one meetings with community leaders and key stakeholders.
Other: Letters to the editor on our topics or in response to our media events or activities or posted online have been in the hundreds; the largest of these was Lilly's Limo but there have been others as well.

### Activities with Agencies, Organizations and Parents

What coordination activities did you facilitate in your community?
Reorganization of local agencies to address substance abuse prevention.
<i>Briefly describe:</i> Increased communication & collaboration among local PD, the DA's office and schools in dealing with underage drinking incidents.
Increase in technical assistance.
<i>Briefly describe:</i> We partnered with six local youth organizations to plan and implement their own Sticker

What coordination activities did you facilitate in your community?
Shock campaigns.
Other coordination activities: CMCA Action Team conducts annual strategic planning process with participation from key stakeholders to select priority areas for environmental change. This winter, One Portland & CMCA leadership teams will work together to select 5-year priorities in community, individual, family and school domains.
Other coordination activities: Sticker Shock participation by 50+ retailers, twice annually for over three years.

What organizations do you work with in planning or conducting environmental changes?	
<input checked="" type="checkbox"/> Dept. of Health and Human Services (state)	<input checked="" type="checkbox"/> Other coalitions
<input checked="" type="checkbox"/> Dept. of Corrections (state)	<input checked="" type="checkbox"/> Community-based organizations
<input checked="" type="checkbox"/> Dept. of Public Safety (state)	<input checked="" type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input checked="" type="checkbox"/> Local law enforcement
<input checked="" type="checkbox"/> Courts	<input checked="" type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input checked="" type="checkbox"/> Other: religious and cultural organizations
<input checked="" type="checkbox"/> Colleges/Universities	

Interventions
Reduce alcohol transfer from adults to underage youth: Examples: Sticker Shock, press conferences regarding penalties & enforcement efforts
Increase community knowledge of penalties for furnishing to minors: Examples: Sticker Shock, press conferences regarding penalties & enforcement efforts
Increase parent support of law regarding serving alcohol to adults age 21 and older in their homes: Examples: Earned media regarding impact of alcohol on developing adolescent brain.

### Impact and Sustainability

Do you have plans to measure the results of your strategy?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> MYDAUS
Do you have plans to sustain your strategy beyond One ME?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> SAMHSA Drug-Free Communities Grant awardee
What evidence do you have of sustainability? SAMHSA funding renewable through 2010

## Prevention Coalition of Greater Waterville

Model Implemented: <input checked="" type="checkbox"/> CMCA <input type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: The Greater Waterville Area: Waterville, Winslow, Oakland, Fairfield, Belgrade, Sidney, Rome, Clinton, Benton, Vassalboro, Albion and China	
This strategy was first introduced: Month: June Year: 2003	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input checked="" type="checkbox"/> Other: Specify Relationship building and coalition development

## Policy Change Interventions and Activities

Interventions
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Limits on smoking in public places. Examples: We collaborated with our local HMP when going before eight towns that passed resolutions or ordinances for public recreation areas to be smoke-free.
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Regulations on alcohol or tobacco advertising in the community. Examples: Worked extensively with CAMY to alert our congressional delegation on the advertising issues around underage drinking. We met with them in Maine and Washington, D.C. and were invited to a CAMY meeting in D.C. to work more on this issue in future years. Getting the Attorney General to be the Chair was pivotal in the accomplishments that are ongoing.
<input checked="" type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Drug-free school zones and/or school use policies. Examples: Two diversion programs in place in the community: free JASAE's for Waterville Public Schools and pilot program for intervention on mental health issues now free in Winslow, Waterville and Oakland with Crisis and Counseling.
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Drug-free workplaces and/or use policies. Examples: Working with HMP on policy for rental homes and workplaces.
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Other: [Developing a] state- and country-wide task force on alcohol advertising.
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Other: Changes in malt beverage classification in the State of Maine.

Activities
Letter writing to representatives: Number of representatives contacted <u>12</u>
Work with school administrators and teachers to enforce drug-free policy: Number of schools <u>9</u>
Passed city or town resolutions regarding substance use: Number of resolutions <u>Four specifically addressing underage drinking.</u>
Other: Community awareness forums How many? <u>8</u>

## Enforcement Interventions and Activities

Interventions
Enforce policies to reduce problems associated with substance abuse:
Examples: Addressed issues at one establishment that was providing an unhealthy environment for teens by mixing of-age and underage drinkers on the same dance floor; this establishment's license was not renewed and they were given 90 days to work with our Prevention Coalition and the local PD to address concerns.
Other: Participated in a workshop for compliance checks for possible future implementation in Maine and attended a training session for responsible retailing.
Other: Tried to work with Colby College on their community coalition for underage drinking but that was not successful.
Other: Working with Thomas College to increase enforcement; they are active in our coalition.
Other: Enforcement in general has increased as we have raised awareness and asked police departments to adopt the new policy that we helped develop in the policy group. Was this due to CMCA and our coalition? It's hard to know conclusively.

Activities
Educate law enforcement: Number of training sessions conducted <u>3</u> Number educated <u>60</u>
Increase consistency of checking for fake IDs. <i>Briefly describe:</i> We held a training for local bar owners; 40 individuals were trained by the State Liquor Licensing Agency.
Conduct citizen patrols in areas known for illegal drug sales: Number of patrols conducted <u>1</u> Number of areas patrolled <u>12</u>
Collaborate with law enforcement and/or municipal officials to reduce areas in which underage drinking occurs (can include private homes) and where illegal drugs are used: Number of law enforcement officers or municipal officials <u>We do this unofficially by involving all four in our cause.</u> Number of areas targeted (private homes would count as one area) _____
Organize training programs for bartenders and wait staff to reduce service to minors: Number of trainings: <u>1</u> Number of establishments: <u>4</u> Number of bartenders/wait staff: <u>40</u> (Same training as above.)
Educate merchants about the laws and penalties for selling to underage customers: Number of sessions <u>1</u> Number of merchants <u>4</u>
Other: MDEA came to one high school to talk to seniors.
Other: Met several times with YEP group to discuss school policy and law enforcement policy.

## Information Dissemination Interventions and Activities

Interventions
Social marketing (using the principles of commercial advertising to make the message more effective): Number of campaigns planned <u>3</u> Number delivered <u>One; two are in progress now.</u> <u>We developed a "how to" manual for social marketing in schools for substance abuse prevention.</u>
Unpaid media use - public service announcements: Number of PSAs created <u>1</u> Number aired <u>1</u> Total number of times aired <u>no idea</u>
Media literacy (fostering the ability to analyze and evaluate messages in the media): Number of media literacy sessions conducted <u>2</u>
Activities
Make presentations at community meetings: Number of presentations <u>4</u> In total, number in attendance <u>90</u>
Write letters to the editor of a local paper or community newsletters: Number of letters sent <u>600 letters to graduating seniors' parents to caution them on furnishing alcohol at graduation time</u>

Activities	
Sponsor or conduct drug-free events: Number of events <u>2</u> Total number reached <u>500 each time with Red Ribbon Week at Lawrence Junior High.</u>	
Other: Disseminated information to parents at each open house night at all four middle schools each year; we hired IMF to do a program on leadership with 8th graders at one middle school; [arranged for] articles in school newsletters and many articles on programs in local papers.	
Other: [Arranged for] yearly presentations by speakers at area high schools.	
Other: Prevention-focused days at high schools and presentations at orientation for freshman at two high schools, both held yearly.	
Other: [Provided] motivational speaker for staff at three school districts to promote health and improve morale due to added expectations caused by implementation of our program.	
Other: Monitored local newspapers and brought results to writers to develop stronger relationships around reporting on more positive youth activities in the community.	

### Activities with Agencies, Organizations and Parents

What coordination activities did you facilitate in your community?
Reorganization of local agencies to address substance abuse prevention.
<i>Briefly describe:</i> The PATCH coalition became an employer to be the fiscal agent of this work. The goal is to not duplicate services and to have a "Prevention Center" for the community to better coordinate services and have less administrative overhead.
Reallocation of local funds for substance abuse prevention.
<i>Briefly describe:</i> Programs paid for by Crisis and Counseling, Inc. and Day One for the JASAE tests and [the Drug Reduction Program] funded by the National Guard.
Other coordination activities: Every 15 Minutes in Oakland with administration and local community sponsors.
Other coordination activities: Coordinated the National Guard Drug Reduction Program so that all five 7th grade classes had this program. We were called upon to assist when one parent was opposed to this program and picketed the school due to his opposition.
Other coordination activities: Re-integration meeting with a youth leaving [a youth] correctional facility.
Other coordination activities: Negotiated a difficult relationship with a school health advisory chair and a school, addressing roles, process and moving forward.
Other coordination activities: Helped get a self-reporting heroin-using youth into treatment; helped fund a clinician for School Union #52, where they saw a 63% decrease in incidents with these high-risk youth throughout the year.
Other coordination activities: Participation in the Kennebec County Interagency Group has really built on inter-agency relationships and helped in difficult relationships with DOC and some police departments. It also is why three of our communities were chosen as pilot sites for the state.
Other coordination activities: Mentoring other coalitions on social marketing, including the KC pilot program and Boomerang; training and surveying one school in the 40 Developmental Asset Approach; mentoring program at one middle school; the Attorney General spoke at a Rotary meeting about advertising and access; attendance at two school health advisory councils' meetings; [serving as] advisory member of the HMP; served on a wellness team at one district for three years; maintained a booth during "the Taste"; [served as] active member of Kennebec Valley Indicators Project; and provided "Circles of Change" training and mentoring initiative at one high school.

What organizations do you work with in planning or conducting environmental changes?	
<input checked="" type="checkbox"/> Dept. of Health and Human Services (state)	<input checked="" type="checkbox"/> Other coalitions
<input checked="" type="checkbox"/> Dept. of Corrections (state)	<input checked="" type="checkbox"/> Community-based organizations
<input checked="" type="checkbox"/> Dept. of Public Safety (state)	<input type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input checked="" type="checkbox"/> Local law enforcement
<input checked="" type="checkbox"/> Courts	<input type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input checked="" type="checkbox"/> Other: Medical Facilities
<input checked="" type="checkbox"/> Colleges/Universities	

Interventions
<p>Increase community knowledge of penalties for furnishing to minors: Examples: Sponsored Sticker Shock program four times in our communities.</p>
<p>Increase parent support of law regarding serving alcohol to adults age 21 and older in their homes: Examples: Sponsored Boomerang program and wrote letters to parents of high school seniors.</p>
<p>Reduce number of parties where alcohol is served: Examples: Advocate to schools to address students and parents [on the issue of speaking up or intervening] when they hear of a party.</p>
<p>Increase youth participation in alternative activities to drinking: Examples: Sponsored a teen center for the summer in Winslow which resulted in a 27 percent reduction in juvenile incidents; another teen center is just now opening in Fairfield. For one year, we also had a clinician at the South End Teen Center in Waterville who counseled the youth on a variety of risk-taking behaviors as well as [providing at-risk youth with] a caring adult in their lives.</p>

### Impact and Sustainability

Do you have plans to measure the results of your strategy?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> By keeping track of policy changes/adoptions [due to] social marketing campaigns, measuring the MYDAUS results in those schools where such campaigns have been implemented.
What results have you seen thus far? <i>Briefly describe:</i> [We have seen a] reduction in binge drinking and tobacco use, much more awareness of substance abuse issues, better collaboration with law enforcement agencies, [and the development of] relationships with Maine's Office of Substance Abuse, state agencies and the Attorney General's office. We are definitely seen as a resource in our community on substance abuse issues.
What consequences (intended or not) have resulted from your activities? Winning a "100 Best Communities" award; forced restructure of fiscal agent due to stance on underage drinking laws and [their] enforcement; received two community awards from school districts honoring our contribution.
Do you have plans to sustain your strategy beyond One ME?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> Essential Services Grant and Drug Free Communities Grant
What evidence do you have of sustainability? Program is continuing but will have an added focus on tobacco use.

## River Coalition, Inc.

Model Implemented: <input type="checkbox"/> CMCA <input checked="" type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: Alton, Bradley, Greenbush, Millford, Indian Island, and Old Town	
This strategy was first introduced: Month: Year: 2004	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input type="checkbox"/> Information dissemination <input type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input type="checkbox"/> Information dissemination <input type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Interventions
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Drug-free school zones and/or school use policies. Examples: We now have a resource officer from the Old Town Police Department in the High School as a result of CTI
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Policies to reduce the problems associated with substance abuse. Examples: Tried to change an ordinance at the city level to make Responsible Beverage Serving Training mandatory. We are now trying to change it at the state level because we found out the city doesn't have the authority to change the ordinance.

Activities
Letter writing to representatives: Number of representatives contacted <u>2</u>
Work with school administrators and teachers to enforce drug-free policy: Number of schools <u>2</u>

### Enforcement Interventions and Activities

Interventions
Conduct sting operations that target merchants who sell alcohol and tobacco to minors: Number of sting operations conducted <u>8</u> Number of merchants targeted <u>4</u>
Establish sobriety checkpoints: Number of checkpoints established <u>2</u> Frequency of checkpoints <u>every 6 months</u>
Conduct compliance activities: Examples: [Worked with local PD to conduct] k-9 searches at the High School looking for drugs.

Activities
Increase retailer support of compliance with laws on serving to minors. <i>Briefly describe:</i> Formed a Core Strategic Committee with local retailer to discuss their concerns and problems with underage customers.
Improve merchants' ability to recognize fake IDs and refuse to serve. <i>Briefly describe:</i> Met with someone from the University to work on their Student ID cards. This way merchants can verify students IDs [and tell them apart from] out-of-state IDs.

Activities
Increase consistency of checking for fake IDs. <i>Briefly describe:</i> An officer from OPD went to several businesses in the area to display his collection of fake IDs and to teach them how to identify fakes.
Educate merchants about the laws and penalties for selling to underage customers: Number of sessions <u>2</u> Number of merchants <u>8</u>
Decrease shoplifting of alcohol in grocery stores. <i>Briefly describe:</i> Worked with Old Town Hannaford Grocery store to reduce (underage) alcohol shoplifting. They have put in surveillance cameras, anti-theft locked liquor caps, and more signage posted. They have been working on CTI for over a year and things are now starting to come together.
Other: R.B.S. Training Curriculum prepared for local merchants (by the Orono and Old Town Police Department).

### Information Dissemination Interventions and Activities

Interventions
Unpaid media use - public service announcements: Number of PSAs created <u>1</u> Number aired <u>1</u> Total number of times aired <u>6</u>

Activities
Make presentations at community meetings: Number of presentations <u>5</u> In total, number in attendance <u>45</u>
Write letters to the editor of a local paper or community newsletters: Number of letters sent <u>7</u> Number of letters published <u>7</u>
Sponsor or conduct drug-free events: Number of events <u>1</u> Total number reached <u>5000</u>

### Activities with Agencies, Organizations and Parents

What organizations do you work with in planning or conducting environmental changes?	
<input type="checkbox"/> Dept. of Health and Human Services (state)	<input checked="" type="checkbox"/> Other coalitions
<input checked="" type="checkbox"/> Dept. of Corrections (state)	<input checked="" type="checkbox"/> Community-based organizations
<input checked="" type="checkbox"/> Dept. of Public Safety (state)	<input type="checkbox"/> For profit organizations
<input type="checkbox"/> Dept. of Education (state)	<input checked="" type="checkbox"/> Local law enforcement
<input type="checkbox"/> Courts	<input checked="" type="checkbox"/> Local merchants
<input checked="" type="checkbox"/> Schools (elementary, junior and high schools)	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Colleges/Universities	

Interventions
Reduce alcohol transfer from adults to underage youth: Examples: Collaborated with local merchants to [get them to] refuse sales if they suspect that an adult is buying for a minor.
Increase community knowledge of penalties for furnishing to minors: Examples: Sent out flyers to Old Town residents to remind them of the laws regarding underage drinking, furnishing alcohol to minors, and tobacco sales to minors.
Reduce number of parties where alcohol is served: Examples: We have started the Key program in our area to reduce parties while parents are out of town.
Reduce number of locations where minors congregate to drink: Examples: Communicated with the resource officer from Old Town High School. The officer listens for information about upcoming parties. Then she lets the Old Town Police Department know about them, so they can break them up before it gets going.
Increase youth participation in alternative activities to drinking: Examples: Helped support a youth leadership group.



## Impact and Sustainability

Do you have plans to measure the results of your strategy?
<input checked="" type="checkbox"/> No
What results have you seen thus far? <i>Briefly describe:</i> The community seems to be coming together more to discuss the issues around underage drinking; enforcement is up.

Do you have plans to sustain your strategy beyond One ME?
<input checked="" type="checkbox"/> Yes <i>Briefly describe:</i> The Old Town Police Department can continue many of their efforts after the One ME grant ends. The River Coalition will send letters to the local editors to let them know what is going on with our youths as reported by the police department.
What evidence do you have of sustainability? The Old Town Police Department and the community's support so far in the program.

## River Valley Healthy Communities Coalition

Model Implemented: <input type="checkbox"/> CMCA <input checked="" type="checkbox"/> CTI	
This strategy: <input checked="" type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: Northern Oxford County towns of Andover, Byron, Canton, Dixfield, Hanover, Mexico, Peru, Roxbury, Rumford	
This strategy was first introduced: Month: 8 Year: 2003	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input checked="" type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Interventions
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Limits on smoking in public places.
Activities
Passed city or town resolutions regarding substance use: Number of resolutions <u>2</u>

### Enforcement Interventions and Activities

Activities
Educate law enforcement: Number of training sessions conducted <u>2</u> Number educated <u>55</u>
Increase retailer support of compliance with laws on serving to minors. <i>Briefly describe:</i> No Butts/Sticker Shock
Educate merchants about the laws and penalties for selling to underage customers: Number of sessions <u>37</u> Number of merchants <u>9</u>

### Information Dissemination Interventions and Activities

Interventions
Paid media advocacy (using mass media to advance a public policy initiative or message such as changing product pricing or placement in stores): Number of print ads created <u>3</u> Number of print ads published: <u>5</u>
Activities
Make presentations at community meetings: Number of presentations <u>2</u> In total, number in attendance <u>30</u>
Sponsor or conduct drug-free events:
Number of events <u>5</u> Total number reached <u>1000's</u>
Other: Columns written addressing issues; number of columns: 12.
Other: Participation in local Business Expo, [where we] handed out materials; number of events: three.

### Activities

Other: Participation in annual Oktoberfest, [where we] handed out materials; number of events: three.

### Activities with Agencies, Organizations and Parents

#### What coordination activities did you facilitate in your community?

Other coordination activities: Creation of the Youth Resource Team to address community mobilization and information dissemination, policy change, [as well as to] change social norms, improve the effectiveness of law enforcement and reduce the availability of alcohol.

Other coordination activities: Provided three Guiding Good Choices programs to parents.

Other coordination activities: Provided four All Star Programs in local school districts.

#### What organizations do you work with in planning or conducting environmental changes?

- ☒ Dept. of Health and Human Services (state)
- ☐ Dept. of Corrections (state)
- ☐ Dept. of Public Safety (state)
- ☐ Dept. of Education (state)
- ☐ Courts
- ☒ Schools (elementary, junior and high schools)
- ☐ Colleges/Universities

- ☐ Other coalitions
- ☒ Community-based organizations
- ☐ For profit organizations
- ☒ Local law enforcement
- ☒ Local merchants
- ☐ Other:

### Interventions

Reduce alcohol transfer from adults to underage youth:

Examples: Sticker Shock

Increase community knowledge of penalties for furnishing to minors:

Examples: Newspaper columns pertaining to subject.

Increase youth participation in alternative activities to drinking:

Examples: Moontide Water Festival, Teen Center, Oktoberfest, Business Expo, WinterFest

### Impact and Sustainability

Do you have plans to measure the results of your strategy?

☒ Yes *Briefly describe:* MYDAUS

What results have you seen thus far? *Briefly describe:* [We have seen a] decrease in previous 30-day use in 6th, 10th, 11th, and 12th grade students.

What consequences (intended or not) have resulted from your activities? The perception of more arrests for providing alcohol to or serving minors.

Do you have plans to sustain your strategy beyond One ME?

☒ Yes *Briefly describe:* [We plan to] continue with the Youth Resource Team and Teen Center.

What evidence do you have of sustainability? Commitment from members.

## Youth Promise

Model Implemented: <input checked="" type="checkbox"/> CMCA <input type="checkbox"/> CTI	
This strategy: <input type="checkbox"/> Is new to the community as part of the One ME project. OR <input type="checkbox"/> Had been implemented in the community prior to One ME.	
Geographic areas served by your environmental strategy: MSAD #40, Northern Lincoln/Southern Knox counties.	
This strategy was first introduced: Month: August Year: 2003	
Is there an end date planned for this strategy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Month: Year:	
<b>When you first began to implement the strategies,</b> which areas did you intend to target?  <input type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify	<b>Over the course of One ME,</b> which areas did you actually target?  <input type="checkbox"/> Policy change <input checked="" type="checkbox"/> Enforcement of alcohol laws <input checked="" type="checkbox"/> Information dissemination <input checked="" type="checkbox"/> Activities with agencies, organizations and parents <input type="checkbox"/> Other: Specify

### Policy Change Interventions and Activities

Interventions
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Limits on smoking in public places.
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Regulations on alcohol or tobacco advertising in the community.
<input type="checkbox"/> Enacted or <input checked="" type="checkbox"/> Working to enact Drug-free school zones and/or school use policies.
<input checked="" type="checkbox"/> Enacted or <input type="checkbox"/> Working to enact Other: Zero Tolerance Alcohol Policy
Activities
Work with school administrators and teachers to enforce drug-free policy: Number of schools <u>6</u>
Passed city or town resolutions regarding substance use: Number of resolutions <u>2</u>
Other: Drug Awareness Programs How many? <u>6</u>
Other: Adult Education Classes How many? <u>6</u>

### Enforcement Interventions and Activities

Interventions
Conduct sting operations that target merchants who sell alcohol and tobacco to minors:
Number of sting operations conducted <u>4</u> Number of merchants targeted <u>8</u>
Conduct surveillance of areas known for illegal drug sales: Number of areas targeted <u>3</u> Frequency <u>daily</u>
Enforce policies to reduce problems associated with substance abuse:
Examples: Judges agreement of Max fines for supplying alcohol to minors
Activities
Collaborate with law enforcement and/or municipal officials to reduce areas in which underage drinking occurs (can include private homes) and where illegal drugs are used:
Number of law enforcement officers or municipal officials <u>5 towns</u>